

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 24 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 995000018706
1. Corporation Name
CARRERA AUTO WORKS, INC.

Principal Place of Business Mailing Address
**2026 N.W. 23rd CT
MIAMI, FLORIDA**
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 3/8/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 995000018706	
City & State		City & State		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

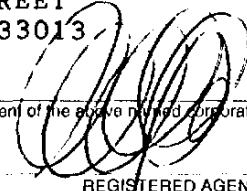
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 DP	2 CARLOS A. LOPEZ	3 2026 N.W. 23rd Ct.	4 Miami, Fl.
DV	DIANA LOPEZ	2026 N.W. 23rd Ct.	Miami, Fl.

REINSTATEMENT 96-97

SC 10-28-97

8. Name and Address of Current Registered Agent CARLOS LIDSKY, ESQ. LIDSKY & VACCARO, P.A. 145 E. 49th STREET HIALEAH, FL. 33013		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200002332702--4 Suite, Apt. #, Etc. 10/29/97-01088-002 ****915.00 ****915.00 City State FL Zip Code	
--	--	---	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent  Date 10/10/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date 10/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25040 (1/2/96)