PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000035085

1. Corporation Name

Auto Store, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
1503 W. Smith St.		1503 W. Smith St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32804	Country: U.S.A.	Zip: 32804	Country: U.S.A.

REINSTATEMENT 9-01

Date Incorporated or Qualified to Do Business in Florida: 05/04/1995

5. FEI Number: 59-3313588 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Gary Johnson

Street Address (P.O. Box Number is Not Acceptable): 1503 W. Smith St.

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32804

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 11/28/2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	Gary Johnson	1503 W. Smith St.	Orlando, FL 32804

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10. 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: [signature] GARY JOHNSON 11/28/2001 407-843-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 513395 4329479

AUTHORIZATION :

COST LIMIT : $ 1058.75

ORDER DATE : November 30, 2001

ORDER TIME : 10:58 AM

ORDER NO. : 513395-005

CUSTOMER NO: 4329479

CUSTOMER: Ms. Jennifer A. Newcombe
Baker & Hostetler Llp
200 South Orange Avenue
Suite 2300
Orlando, FL 32801

DOMESTIC FILINGS

NAME: AUTO STORE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

RECEIVED
01 NOV 30 PM 12:23
DIVISION OF CORPORATION

[redacted]

[redacted]

File 1st