PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P95000055076 DOCUMENT

1. Corporation Name

J & H AUTO SALES INC.

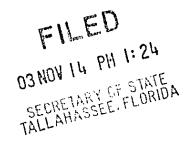
Principal Place of Business

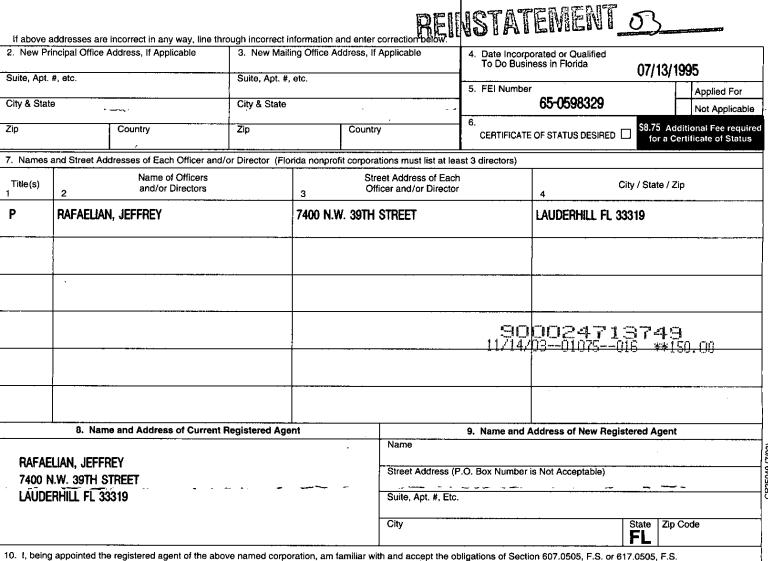
Mailing Address

7400 N.W. 39TH STREET LAUDERHILL FL 33319

7400 N.W. 39TH STREET

LAUDERHILL FL 33319





11. 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 filling 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 of Registered Agent

SIGNATURE AND INTED NAME OF SIGNING OFFICER OR DIRECTOR

RÉGISTERED AGENT MUST SIGN

Date

Date 11-10-03

J & H Auto Sales, Inc 3913 S. State Rd. 7 Davie, Fl 33314 (954)-797-7997

Florida Department Of State - to whom it may concern,

This letter is to inform the department that our company had not recieved the corporation reinstatement form. We have recieved the notice of administrative dissolution. The company has been incorporated since 1995 and has no future plans to dissolve the corporation. We hope this will resolve the matter of any reinstatement fees and included is the reinstatement application and a check for the appropriate amount. Please feel free to call us anytime concerning this matter.

Sincerely,

Jeffrey H Rafaelan President