ALL EIGHTON			DA DEPARTMENT OF STATE  Sandra B. Mortham						
_	OR TATEMENT		Secretary of DIVISION OF, CORPC	State	9	7 JAN 15	AH 8: 44	)	
DOCUMENT # PGNOODO65748 (Y)  1. Corporation Name  ALA AUTO RENTALS. A SALES, INC.						SECHETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place			ing Address						
1025 NE 79TH ST					REINSTATEMENT OLD				
P.O. BOX 1709			th incorrect information and enter correction below.  3. New Mailing Address, If Applicable  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida  OFITS 1915  5. FEI Number  Applied For				
City & State DAN/A Zip 3300	FOLIDA  Country USA	City & Sta	te Count	ry .	6.	0603	\$8.75 A	Applied For  Not Applicable  Idditional Fee required Certificate of Status	
	Street Addresses of Each Officer and Name of Officers and/or Directors	J d/or Director (	S1 O	ations must list at lea reet Address of Each flicer and/or Director ise Post Office Box f	1	4	City / State /		
ADAMS DEBRA A 1035 NE 797H. 3T A MIAMI, FL. 33138					2	0000; -01/2 ****	20679 4/97-01 375.00	3320 073003 ****375.00	
	· · · · · · · · · · · · · · · · · · ·						JSI.	-15-97	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent				
<b>▲</b>				Street Address (F. 1019 Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)				
	· · · · · · · · · · · · · · · · · · ·			City MILIA!		/	State Zi	73/38	
<ol> <li>I, being approximations of Registered Agent</li> </ol>	<del>-</del> _	du V	rporation, am familiar w HUGELA AGENT MUST SIGN	rith and accept the ol	bligations of Section	on 607.0505, F.S	17.73.9	26	
11. Does	this corporation pay of Revenue under S	any intai	ngible tax to th	ne utes. Yes		₹ (S	ee other side for	information	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under eath

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.1196 Daytime Phone #