

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:47

DOCUMENT # P96000064172

1. Corporation Name

EASY DEAL AUTO SALES, INC.

2. Principal Office Address

2651 NW 93TH ST.

3. Mailing Office Address

P. O. BOX 25506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

TAMARAC, FL.

Zip

33147

Country

DADE

Zip

33320

Country

BROWARD

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

300060051253
09/28/05--01057--001 **500.00

REINSTATEMENT 99-05

4. Date Incorporated or Qualified To Do Business in Florida July, 30 1996

5. FEI Number 650687316 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

ROBERT TAVAL

Street Address (P.O. Box Number is Not Acceptable)

2651 NW 93TH ST MIAMI

Suite, Apt. #, Etc.

7850 W MC NAB RD. #306

City

TAMARAC, FL.

State

FL

Zip Code

33147

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

Robert Taval
REGISTERED AGENT MUST SIGN

Date 09/07/05

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
P	ROBERT TAVAL	7850 W. Mc NAB RD #306	TAMARAC, FL. 33321

300060051253
09/28/05--01057--004 **150.00

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: *Robert Taval*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09/07/05 (754) 368-8673
Daytime Phone #

CR2E081 (01/05)