

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

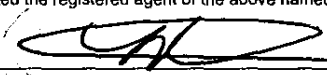
REINSTATEMENT 01-03

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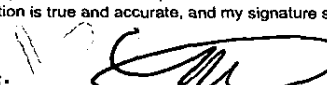
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000083063			
1. Corporation Name Car-Nu Corporation			
2. Principal Office Address 201 Route 73 North Suite, Apt. #, etc. City & State West Berlin, NJ Zip Country 08091 USA		3. Mailing Office Address 201 Route 73 North Suite, Apt. #, etc. City & State West Berlin, NJ Zip Country 08091 USA	

4. Date Incorporated or Qualified To Do Business in Florida 10-6-96	
5. FEI Number 65-0701886	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Melanie Miller	
Street Address (P.O. Box Number is Not Acceptable) 3811 West State Road 84	
Suite, Apt. #, Etc. Unit 102	
City Davie	State Zip Code FL 33312

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 	Date 10-15-03
REGISTERED AGENT MUST SIGN	

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
President	Melanie Miller	9 Hillside Lane	Berlin, NJ 08009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10-15-03	Daytime Phone # (856) 753-1616

CR2E081 (10/02)

210/21