PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 SEP -4 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004971

1. Corporation Name: AUTOMAX USA, INC

REINSTATEMENT 2001-2002

2. Principal Office Address: 216 NORTH Military TRAIL
Suite Apt. #, etc.:
City & State: West Palm Beach FL
Zip: 33415 Country: USA

3. Mailing Office Address:
Suite Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1/13/97

5. FEI Number: 52 2010389 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael PARKOFF

Street Address (P.O. Box Number is Not Acceptable): 23271 COSTA DEL SOL BLVD

000007731680--0
-09/13/02--01039--027
****900.00 ****00.00

Suite Apt. # Etc.:

City: BOCA RATON State: FL Zip Code: 33433

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: Michael Parkoff Date: 8/30/02

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 |
|---|---|---|---|
| P | TONY CIMMINO | 216 North Military Tr | West Palm Beach FL 33415 |
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10. I certify that I am an officer or director of the reporter 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: Tony Cimmino 8/30/02 561-686-5880

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