PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P97000011808 **DOCUMENT #**

1. Corporation Name

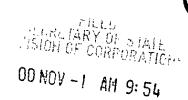
CORNELL'S AUTOMOTIVE INC.

Principal Place of Business

Mailing Address

SRSO LENOX AVENUE

5850 LENOX AVENUE



- 1984/1885 (18 1986) 1989) 889)) 889)) 1884/1886 1886 1896) 1896) 1896) 1896) 1896) 1896) 1896) 1896) 1896) 1

| JACKSONVILLE FL 32205 | | JACKSONVILLE FL 32205 | | | I (RAIJAAF IIO LOISI 1961 OOTIL OOTIL OOTIS OOTIS IIOBI IIOBI LOISI OOTIS IOIS | | | |
|--|--|-----------------------|--|-------------------------|--|--|--|--|
| If above addresses are incorrect in any way, line through incorrect information and 2. New Principal Office Address, If Applicable 3. New Mailing Office Address | | | | | ble 4. Date Incorporated or Qualified | | 3/1997 | |
| Suite, Apt. #, etc. Suite, Ap | | | pt. #, etc. | | 5. FEI Number | • | Applied For | |
| City & State City & | | | ity & State | | <u> </u> | 59-3424407 | Not Applicable | |
| Zip | Country | Zip | Cou | intry | 6. CERTIFICATE | | Additional Fee required a Certificate of Status | |
| 7. Names | and Street Addresses of Each Officer and | d/or Director (Flo | rida nonprofit corp | orations must list at l | east 3 directors) | the days of the same of the sa | | |
| Title(s) | Name of Officers s) and/or Directors | | Street Address of Eac Officer and/or Director | | | City / State / Zip | | |
| Р | SILVEIRA, CORNELL 5850 LEN | | 5850 LENOX | NOX AVENUE | | JACKSONVILLE FL 32205 | | |
| STD | TD SILVEIRA, ALICE F | | | 5850 LENOX AVENUE | | JACKSONVILLE FL 32205 | | |
| | | | | | | 5000034711650 11/20/0001143010 ****158.75 ****158.75 | | |
| | | | | | | Mide | V | |
| | 8. Name and Address of Curren | t Registered Age | ent | Namo | 9. Name and Address of New Registered Agent | | | |
| SILVEIRA, ALICE F 5850 LENOX AVENUE JACKSONVILLE FL 32205 | | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | |
| | | | | City | | State F L | Zip Code | |
| 10. I, beir Signature Registered | Agent (Country | | oration, am familia | tera D | obligations of Sect | | ,-80 <u> </u> | |

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 reinstalement 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.