PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL 31 AM 11:23

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031797

1. Corporation Name
WAGNER WHOLESALE AUTOS, INC.

100004536801--5
-08/15/01--01077--014
****900.00 ****900.00

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1109 N ORLANDO AVE	2721 LITTLE JOHN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK FL	City & State: WINTER PARK FL
Zip: 32789 Country: USA	Zip: 32792 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/8/97

5. FEI Number: 59-3438525

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Add for a Cer

7. Name and Address of Current Registered Agent

Name: WILLIAM WAGNER
Street Address (P.O. Box Number is Not Acceptable): 1109 N ORLANDO AVE
Suite, Apt. #, Etc.:
City: WINTER PARK FL State: FL Zip Code: 32789

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: William Wagner Date: 7/27/01
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/D	WILLIAM WAGNER	2721 LITTLE JOHN ROAD	WINTER PARK FL 3279

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: William Wagner WILLIAM WAGNER 7/27/01 407-644-3365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #