PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

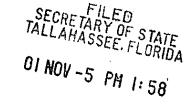
Secretary of State

DIVISION OF CORPORATION

DOCUMENT #	P97000073369
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1. Corporation Name

E - Z RIDE AUTO SALES OF BROWARD, INC.



Principal Place of Business		Mailing Addr	Mailing Address						
1020 NE 4 PLACE		· · · · · · · · · · · · · · · · · · ·	PO BOX 15946						
FORT LAUDERDALE FL 33304 PLANTAION US US			FL 33317		1 1567/351	14	I (TOBBE MARTE MAILE CHARE MEIL (EM)		
If above a	iddresses are	incorrect in any way	, line through incorrect ir	nformation and	enter correction below.	RFIN		int() _	
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida On OF 14007				
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #,	, etc.		08/25/1997 5. FEI Number Applied For			
City & State City & S			City & State	e		65-0776956 Not Applicable		Not Applicable	
Zip		Country	Zip	C	Country	6. CERTIFICATI	OF STATUS DESIRED 🗆	88.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	Idresses of Each Office	cer and/or Director (Flo	rida nonprofit co	orporations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
DP	ROCHE, JAMES			246 S ST RD 7			PLANTATION FL 33317		
						H-1			
3						30	0004698; -11/29/010	2838: 1048010	
						17-	****750.00	****750.00	
	F.4.41	·····			4				
-								***************************************	
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
		, 401 - 2 - 1	V = V + V -		Name	Name			
TIRU, ANGELA A 2600 N. ANDREWS AVE.				Street Address (P	Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33311				Suite, Apt. #, Etc.					
	· ·				City		Sta Fi		
10. I, being	appointed the	e registered agent of	the above named corpor	ation, am famili	iar with and accept the ob	ligations of Secti			
		1						{	
Signature of Registered Agent				Date _ 10 - 31 - 01					
		<i>U</i>	REGISTERED AGE		-··.	···	···		
this reins	statement app	lication, the reason for	or dissolution has been e	eliminated, the d	corporate name satisfies t	he requirements	pter 607 or 617, F.S. I furthe of section 607.0401 or 617. er section 119.07(3)(i), F.S.	0401 FS that all foos	
			1					, indimensi indicated	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR