

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 24 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 897000088588

1. Corporation Name

GULF COAST EUROPEAN  
AUTOMOTIVE, INC.

2. Principal Office Address: - No P.O. Box # 1051 N. WASHINGTON		3. Mailing Office Address - SAME -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State	
Zip 34236	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10-13-97	
5. FBI Number 65-0789951	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 05-07

CR2E081 (1/07)

7. Name and Address of Current Registered Agent		
Name SCOTT ROBINSON		
Street Address (P.O. Box Number is Not Acceptable) 1051 N. WASHINGTON BLVD		
Suite, Apt. #, Etc.		
City SARASOTA	State FL	Zip Code 34236

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

Date 5/22/07

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
PHYSIC	SCOTT ROBINSON	1051 N. WASHINGTON	SARASOTA FL 34236
			100103219161 05/24/07--01058--012 **450.00

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 contained in Chapter 119, 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:

SCOTT F. ROBINSON

Date

5/22/07 9413656612

Daytime Phone #

6/5aw