

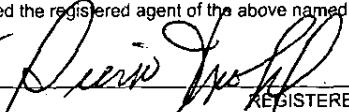
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <b>REINSTATEMENT</b> <b>2001</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Turner</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000020529</b>				
<b>1. Corporation Name</b> <b>CARRIAGE TRADE AUTO BROKERS, INC.</b>				
<b>2. Principal Office Address</b> <b>1111 BISCAYNE BLVD. (#143)</b>		<b>3. Mailing Office Address</b> <b>SAME</b>		
Suite, Apt. #, etc. <b>#143</b>		Suite, Apt. #, etc.		
City & State <b>MIAMI, FLORIDA</b>		City & State <b>FLORIDA</b>		
Zip <b>33138</b>	Country <b>USA</b>	Zip	Country	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent			
Name <b>IRWIN KNOHL</b>		201.25-AR 10.00-ARARTS 88.75-ARSLAPP	
Street Address (P.O. Box Number is Not Acceptable) <b>1111 BISCAYNE BLVD.</b>			
Suite, Apt. #, Etc. <b>#1453</b>			
City <b>MIAMI</b>		State <b>FL</b>	Zip Code <b>33138</b>
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 		Date <b>4/30/01</b>	
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	-06/05/01-01099-013 ***300.00 State / Zip ***300.00
PTD	<b>KNOHL, IRWIN</b>	<b>1111 BISCAYNE BLVD. (#1453)</b>	<b>MIAMI, FLORIDA 33138</b>
VSD	<b>KNOHL, ISABEL</b>	<b>1111 BISCAYNE BLVD. (#1453)</b>	<b>MIAMI, FLORIDA 33138</b>
SP			

SP

**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**I. EWIN ENOHL - PRESIDENT**

4/30/61 (305) 893-2422

Date \_\_\_\_\_

Daytime Phone #

ACCOUNTANTS  
AUDITORS

**DONALD BRAVERMAN & ASSOCIATES, INC.**

*DBA*  
MERCEDE EXECUTIVE PARK  
1890 NORTH UNIVERSITY DRIVE  
FORT LAUDERDALE, FL 33322  
(305) 749-1000 • FAX (305) 424-3530

April 30, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: CARRIAGE TRADER AUTO BROKERS, INC.  
Corporation Reinstatement  
#P98000020529

Gentlemen:

We are currently the accountants for the above Corporation.  
We have been informed that the Corporation has been dissolved,  
because of non-filing of their year 2000 Annual Report.

They had moved to a new location and never received the report  
and therefore was unaware of the required filing.

We have since been retained as their accountant and will timely  
file present and all future returns and reports.

Due to the unusual circumstances here, we would request a  
" One Time Waiver " of the late penalties. We are enclosing the  
required check for \$300. to cover years 2000 and 2001.

We greatly appreciate your considerations.

Respectfully,



Donald Braverman, E.A.  
Accountant

gb:DB

cc: Carriage Trader Auto Brokers