

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 10: 00

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 98000040325

1. Corporation Name
IDEAL Solution Auto Sales, INC.

2. Principal Office Address
7537 NW 7 AVE

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33150 USA

3. Mailing Office Address
1425 NW 192 Terrace

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33169 USA

REINSTATEMENT 18 01

4. Date Incorporated or Qualified To Do Business in Florida
05/01/98

5. FEI Number Applied For
65-0828418 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Guilfort Dieuvil

Street Address (P.O. Box Number is Not Acceptable)
1425 NW 192 Terrace

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33169

~~400004728804~~ -4
~~12/17/01-01058-027~~
~~****750.00 ****750.00~~

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 **11/22/01**

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
President	Jonathan T. Lu	7537 NW 7 AVE MIAMI, FL 33150	Miami FL 33150
Vice President	Guilfort Dieuvil	7537 NW 7 AVE	Miami FL 33150
TREASURY	MAGDALENE Dieuvil	7537 NW 7 AVE	Miami FL 33150

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: **Guilfort Dieuvil**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/27/01** Daytime Phone # **(305) 7548886**

CR2E081 (9/00)