

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 9980000 59336			
1. Corporation Name Sun & Moon Roadside Assistance Inc			
2. Principal Office Address 8711 SW 41st St		3. Mailing Office Address P.O. Box 142084	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Coral Gables, FL	
Zip 33165	Country	Zip 33114	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0848849	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Julio C. Lopez			
Street Address (P.O. Box Number is Not Acceptable) 8711 SW 41st ST			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33165
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 2/01/02	
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	Julio C. Lopez	See Above	See Above
VP	Alexis Torres	25 NW 35 ST	Miami, FL 33127
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: Julio C. Lopez		Date 2/01/02	Daytime Phone # 305 552-8265
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

T. Lewis 2/12/02

CR2E061 (9/01)