PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ÁPPLÎCATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

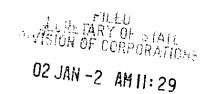
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800060337

1. Corporation Name

SIGNATURE:

ACE AUTO SALES, INC.



12-10-01 863-64753

AOL A	OTO OALLO, IIVO.							
Principal Place of Business Ma			Mailing Address			# 15 m		
• •			5401 S. FL. AVE. Lakeland Fl. 33813					
If above	addresses are incorrect in any way, line	information and enter correction below.		REINSTATEMENT 0/				
New Principal Office Address, If Applicable 3. New M.			iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/08/1998			
Suite, Apt. #, etc. Suite, Ap					5. FEI Numbe		Applied For	
City & State City & S						59-3533566 -	Not Applicable	
Zip	Country		Countr	ry	6. CERTIFICATI	E OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flo	orida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
V	TERHART, LUCY 1236 ROBI			WOOD RD		LAKELAND FL		
T	TERHART, PATRICK	1236 ROBINSWOOD RD			LAKELAND FL _			
S	TERHART, SALLY	1236 ROBINSWOOD RD		LAKELAND FL				
P	P TERHART, WILLIAM			1236 ROBINSWOOD RD			89838	
			-		=======================================	000476 -01/11/02 ****750.0	=01037009 00 ****750.00	
	8. Name and Address of Currer	ent	Name and Address of New Registered Agent Name					
TERHART, PETER W 5401 S. FL. AVE.				Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33813				Suite, Apt. #, Etc.				
			City State Zip Code					
10. I, being Signature of Registered	g appointed the registered agent of the a	bove named corpo	oration, am familiar wi	ith and accept the ob	oligations of Secti		- ,	
	-	RÉGISTERED AG	ENT MUST SIGN					
	that I am an officer or director or the rec							

owed by the corporation have been paid and the names of individuals listed on this forth 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 the following th

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR