PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000 64005

1. Corporation Name

Sonic Automotive - 1720 Mason Avenue, DB, Inc.

2. Principal Office Address 1720 Mason Avenue		3. Mailing Office Address 5401 East Independence Blvd.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Daytona Beach, FL		City & State Charlotte, NC		
zip 32117	Country USA	Zip 28212	Country USA	

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida	July 21, 199	8
5. FEI Number		Applied For
593523303		Not Applicable
6. CERTIFICATE OF STATUS DESIRED		tional Fee required

7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation	State Zip Code FL 33324				

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 o Registered	AgentREGISTER	CONVIL BRYAN EFFOAL ASSISTANT SECRETARY RED AGENT MUST SIGN	Date 12 (14 (2003
9. Names	s and Street Addresses of Each Officer and/or Direc	ctor (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
Dir., Pres.	O. Bruton Smith	5401 East Independence Blvd.	Charlotte, NC 28212
Dir., VP	B. Scott Smith	5401 East Independence Blvd.	Charlotte, NC 28212
Dir., VP, Treas.	Theodore M. Wright	5401 East Independence Blvd.	Charlotte, NC 28212
Secretary	Stephen K. Coss	5401 East Independence Blvd.	Charlotte, NC 28212
AsstS., AsstT.	Mike Mullins	5401 East Independence Blvd.	Charlotte, NC 28212
AsstS.	Janet C. Ptaszek	5401 East Independence Blvd.	Charlotte, NC 28212

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 filling 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

Stephen K. Coss

1/15/03

704 566-2400

Daytime Phone #

CR2E081 (9/01