PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 29 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # P98000067104

1. Corporation Name

AF AUTO TRANSPORT, INC

2. Principal Office Address	3. Mailing Office Address
14045 N.E. 9TH AVE	14045 N.E. 9TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33161 Country: DADE	Zip: 33161 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ 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: ALVIN L. FULTON

Street Address (P.O. Box Number is Not Acceptable): 14045 N.E. 9TH AVE

Suite, Apt. #, Etc.:

City: NORTH MIAMI, FL. State: FL Zip Code: 33161

B 6/30/06

REINSTATEMENT 99-06

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 6-28-06
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	ALVIN L. FULTON	14045 NE 9TH AVE	NORTH MIAMI, FL 33161
V	BETTY L. FULTON	14045 NE 9TH AVE	NORTH MIAMI, FL 33161
EV	WILLIAM BRENT JONES	4500 SHANNON BLVD 13D	UNION CITY, GA. 30291
S	ANGELA HILL	15724 N.W. 7TH AVE APT G	MIAMI, FL 33169
		800077095888 07/05/06--01051--019 **1800.75	

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 contained in Chapter 119, 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: _____ 6-28-06 305.986.0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #