

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000084681

1. Corporation Name

J. ED FLOYD MOTORS, INC.

99 OCT 22 PM 12:39

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD. SUITE 100
JACKSONVILLE FL 32216



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/02/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3535353	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPST	RAMAGHI, REZA	103325 WALNUT BEND RD	JACKSONVILLE FL 32257

600003033156--9
-11/02/99--01101--016
****150.00 ****150.00

10/10/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD, SUITE 100
JACKSONVILLE FL 32216

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/11/99

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/99

904

993-3622

ANSBACHER & SCHNEIDER, P. A.

ATTORNEYS AT LAW
SUITE 100, NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BOULEVARD
JACKSONVILLE, FLORIDA 32216

LEWIS ANSBACHER
MICHAEL N. SCHNEIDER
LAWRENCE V. ANSBACHER

TELEPHONE (904) 296-0100
FACSIMILE (904) 296-2842
WRITER'S INTERNET ADDRESS:
MICHAEL.SCHNEIDER@JAXLAW.COM
WRITER'S DIRECT LINE
(904) 296-0637 x3002

October 19, 1999

The Honorable Kathrine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary Harris:

I enclose herewith the Application for Reinstatement for J. Ed Floyd Motors, Inc. Please be advised that the annual report form was never delivered to this office and accordingly was never completed or returned to you. I also enclose a check in the amount of \$150.00 payable to the Secretary of State. I ask that you accept this as the fee required to file the Corporation's annual report.

Thank you for your kind attention to this matter.

Very truly yours,

Ansbacher & Schneider, P.A.



Michael N. Schneider

MNS/lt
Enclosures (2)
98-0745.06