PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-01 UBR

AND FILED

CORPORATION REINSTATEMENT

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

01 MAY -7 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 0000 91017

1. Corporation Name

Shaw Motors Inc

2. Principal Office Address	**3.** Mailing Office Address
7829 Shellback Dr	PO Box 652152
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Orlando FL	Orlando FL
Zip	Country	Zip	Country
32818		32867	

4. Date Incorporated or Qualified To Do Business in Florida 11/98

5. FEI Number 59-3540323 | 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 Castel Shaw

Street Address (P.O. Box Number is Not Acceptable) 7829 Shellback Dr

Suite, Apt. #, Etc. 0

City Orlando

State **FL** Zip Code 32718

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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 _____
REGISTERED AGENT MUST SIGN

Date 5/7/01

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
Director	Castel Shaw	7829 Shellback Dr	Orl. FL. 32818
			SP

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: _____ Castel Shaw 5/7/01 (407) 925-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)