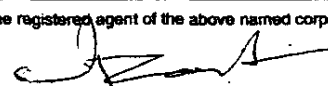
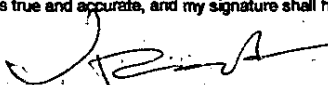


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUN -8 AM 8:00 REINSTATEMENT <u>03-04</u> 700037757267 06/08/04--01011--011 **900.00	
DOCUMENT # 948 000096237					
1. Corporation Name AUTO RENTAL GROUP, INC.					
2. Principal Office Address 7370 NW 36 ST. Suite, Apt. #, etc. 378 City & State MIAMI-FL Zip 33166 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 11/16/1998 5. FEI Number 650876101 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: CONDE, JULIO R. Street Address (P.O. Box Number is Not Acceptable): 7370 NW 36 ST Suite, Apt. #, Etc.: 378 City: MIAMI State: FL Zip Code: 33166					
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: 5/24/04 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		
PD	CONDE, JULIO R.	7370 NW 36 ST SUITE 378	MIAMI-FL 33166		
SD	CRUZ, ERNESTO	1065 SW 15 ST	MIAMI-FL		
TD	GESSEN, ISOR	7370 NW 36 ST SUITE 378	MIAMI-FL 33166		
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: 		5/24/04 - Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/04)