	PLEASE READ	ALL INSTRI	OCTIONS BEFORE C	OWPLET	NG I	HIS FURIVI.		
	RPORATION STATEMENT	Sec	EPARTMENT OF STATE cretary of State on of corporations			ILED R 14 PM 2:30		
1. Corpora	JMENT # P99000010536 htton Name ONE AUTO NETWORK		SECRETARI OF TATE TALLAHASSEE, FLORIDA					
2085 NW 1ST PLACE 300 NE 3RD ST					0 00 6/05-	052061677 -01007009 **8.75		
			ling Office Address E 3RD ST		RETURN LINE IS HELLE I D- 0			
					Date Incorporated or Qualified To Do Business in Florida 02/03/99			
BOCA F	RATON FL	City & State BOCA RATON FL		5. FEI Number Applied For 65-0892020 Not Applied be				
Zip 33431	Country US	Zip 33432	Country US	6. CERTIFICATE	OF STATE	JS DESIRED S8.75 Additional Fee refor a Certificate of Sta	quirec	
		7. Nam	e and Address of Current Register	ed Agent				
	Name RONALD SANSONE							
	Street Address (P.O. Box Number is Not Acceptable) 300 NE 3RD ST							
	Suite, Apt. #, Etc.				6/05-)52061677 -01007008 **90).00)	
	City BOCA RATON				State FL	Zip Code 33432		
8. I, being Signature of Registered	Agent	ve named corporation Moon! EGISTERED AGEN	oligations of section		05 or 617.0503, F.S. 4/13/05			
9. Names	and Street Addresses of Each Officer and	Vor Director (Florida	nonprofit corporations must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P/D	RONALD SANSONE		300 NE 3RD ST		BOCA RATON FL 33432			
V/D	JOHN SANSONE		300 NE 3RD ST		BOCA RATON FL 33432			
S/D	RONALD SANSONE	3	00 NE 3RD ST		вос	A RATON FL 33432		
T/D	JOHN SANSONE	30	00 NE 3RD ST		вос	A RATON FL 33432		
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 turther 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 Date Date								
ı	SKINATURE AND TYPED OR PR	IN FED NAME OF SIGN	NING OFFICER OR DIRECTOR		Date	Daytime Phone #	ŀ	

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DEPARTMENT OF STATE 4/13/05

Document # P99000010536

We SANSONE AUTO NETWORK have never received any renewal forms from the year '00 for this corporation. Thus causing this corporation to become inactive as we recently discovered. Enclosed is a check for \$900 to To reinstate and renew the corporation of:

SANSONE AUTO NETWORK INC. 2085 NW 1st Place Boca Raton FL 33431

- also enclosed is a check for \$8.75 for the certificate of status please mail to the mailing address: Ronald Sansone
 300 ne 3rd st
 - Boca Raton FL 33432

Thank you very much RONALD SANSONE/PRESIDENT

forall Sanoa