PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 APR 15 AM 8: 10	
DOCUMENT # P99000025652  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIÇ	) <u>0</u> \
	R	EINSTATEMENT	06-01
Q'S AUTOCENTER INC.		800123563278 04/15/0801032002 **45	: 50.00
2. Principal Office Address - No P.O. Box # 4900 N FLORIDA AU	3. Mailing Office Address 4900 N FLORINA AVE	CR2E081 (12/07)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida	99
City & State TA-MPA, FLORIDA	TAMPA FLORIDA		plied For t Applicable
33603 HILLSBOAUUG	Tip 33603 Country HILLIBOROULH	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional for a Certificate	
7. Name and Address of Current Registered Agent			
Name COLLARO OUT	JOALES	The reinstatement fee is imposed, ex-	cept in
EDWARD QUINONES		circumstances which the entity did not receive	
Street Address (P.O. Box Number is Not Acceptable)  STORY ROLL REPORT OF THE PROPERTY OF THE P		the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc.		received and requesting the reinstatement	
City RIVERVIEW	fee be waived.		
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  OH 10 71 08			
REGISTERED AGENT MUST SIGN			
	nd/or Director (Florida nonprofit corporations must list at le		
Titles Name of Officers and/or Directors	s Street Address of Each Officer and/or Directo		
D ED QUINONES	B 11805 SHADOW R	W BLOD RIVERVIEW FL 3	3569
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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 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 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:  O4/107/08  813-642-5378			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devitime Phone #			

x4/16

April 07, 2008

Q's Autocenter Inc.

Reference: Document # P99000025652

To whom it may concern:

Earlier this month I applied to renew my Motor Vehicles Dealers License. Upon submission of my application I was notified that my application could not be processed because the status of my corporation was inactive. I then contacted your office and learned that my 2006 and 2007 UBR had not been filed. This is a part time business that I have and I am not there very often. I did not receive any of these reports at the business address. I am also a Law Enforcement Officer and had removed my home address from all legal documents and now only receive mail at a P.O. Box (2403 Riverview FI. 33569) and did not receive any reports at either of these addresses. It is requested that you waive any penalties and reinstate the corporation with the enclosed funds.

Thank you in advance for your time and assistance.

Sincerely,

Ed Quinones, Director

Q's Autocenter Inc.