H020001560166

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 JUN 21 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # P99000028379

1. Corporation Name
ALL WHOLESALE AUTO, INC.

REINSTATEMENT 2000-2002

2. Principal Office Address
5600 LEEWARD LANE
Suite, Apt. #, etc.
City & State
NEW PORT RICHEY, FL
Zip 34652 County PASCO

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida MARCH 29, 1999

5. FEI Number(s) Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
Name
MICHAEL R. ADAMS
Street Address (P.O. Box Number is Not acceptable)
5600 LEEWARD LANE
Suite, Apt. #, Etc.
City
NEW PORT RICHEY,
State FL Zip Code 34652

I am being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 6-21-02

8. 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
Pres.	MICHAEL R. ADAMS	5600 LEEWARD LANE	NEW PORT RICHEY FL 34652
Sec.	" "	" "	" "
Treas	" "	" "	" "

10. I certify that I am an officer or director of the corporation 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] 6-21-02 727 243-2679
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR
Date Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet