

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 MAY 12 PM 4:23

DOCUMENT # P99006028379

1. Corporation Name

ALL WHOLESALE AUTO INC.

2. Principal Office Address

5600 LEeward LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

PASCO

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03-24-99

5. FEI Number

59-3577708

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

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

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

Michael R. Adams
REGISTERED AGENT MUST SIGN

Date 5-5-04

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
P/S/T	MICHAEL R. ADAMS	5600 LEeward LANE	NEW PORT RICHEY, FL 34652

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)(l), 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:

Michael R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-04

Date

Daytime Phone #

CR2ED01 (01/04)

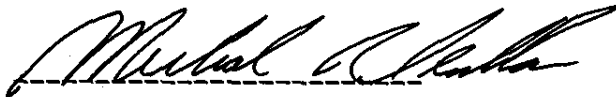
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003 AND 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

A handwritten signature in black ink, appearing to read "Michael R. Adams", is written over a horizontal dashed line.

MICHAEL R. ADAMS
PRESIDENT