

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 26 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000036566
1. Corporation Name
PARKVIEW MOTORS INC.

2. Principal Office Address
7933 U.S. HWY. 19
Suite, Apt. #, etc.
City & State
PORT RICHEY, FL.
Zip
34668 Country
U.S.

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

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
4-19-99

5. FEI Number
59-3572702 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
GORDON E. SLAGER

Street Address (P.O. Box Number is Not Acceptable)
3303 COLCHESTER CT.

Suite, Apt. #, Etc.
70000352382 --- 1
-01/04/01--01097-022
****750.00 **** 50.00

City
HOLIDAY State
FL Zip Code
34691

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 12-9-00
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
<u>PRES.</u>	<u>GORDON SLAGER</u>	<u>3303 COLCHESTER CT.</u>	<u>HOLIDAY FL 34691</u>
<u>PRES.</u>	<u>ANDREW CONSULO</u>	<u>9824-1 HIDDEN LN.</u>	<u>PORT RICHEY FL 34668</u>
<u>SECR.</u>	<u>GORDON SLAGER</u>		
<u>TREAS.</u>	<u>GORDON SLAGER</u>		

10. I certify that I am an officer or director of 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: GORDON E. SLAGER Date 12-9-00 Daytime Phone # (727) 845-1005

CRCE081 (9/99)

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