FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPLICATION FOR FILED P99000038425 DOCUMENT # OCT 23 PM 3: 21 1. Corporation Name SECRETARY OF STATE GARCIA AUTO, INC. TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 1001 DIVISION AVENUE 1001 DIVISION AVENUE ORLANDO FL 32802 ORLANDO FL 32802 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 04/23/1999 Suite, Apt. #, etc. Applied For 1001 DIVISION Avenue 5935 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors /b KISSIMMEE FL 34741 1419 OSCEOLA PARK DRIVE GARCIA, FRANCISCO D 924 OAK CHASE DRIVE ORLANDO FL 32828 D DE LA CURZ, JULIO A 718 52ND STREET **BROOKLYN NY 11220** D RIVERA. SARAH E 110000347822 -11/28/00--01046--018 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent GARCIA, FRANCISCO D Street Address (P.O. Box Number is Not Acceptable) 1001 DIVISION AVENUE Suite, Apt. #, Etc. ORLANDO FL 32802 Zip Code State City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. KE Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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)(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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

October 19, 2000

Garcia Auto, Inc 1001 Division Avenue Orlando Florida 32805

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Reference:

- 1. Document # P9900038425
- 2. Telephonic conversation/Report Office Clerk, 10/18/200

Dear Sir or Madam:

Thank you for providing our office the opportunity to submit the reinstatement application and provide rationale why the annual corporation's report was not filed in a timely manner.

Based on the reference (2) conversation with your office it was determined that two earlier notices were sent to the registered address for filing the annual report. Despite the fact, our company has never received any of notifications sent by your office of when to submit the annual report. During the conversation with your office clerk it was determined that the registered principal place of business mailing address is incorrect which explains the reasons for not receiving the earlier notifications.

Based on your office recommendations we are submitting the reinstatement application, providing the \$150.00 fee for annual corporation report and this letter providing rationale to mishap situation.

Please accept our sincere apologies for any problem this situation may have caused your office, we have corrected the principal address on the reinstatement application and assured that it will never happen again. Again, thank you for bringing this matter to our attention and helping us resolve it.

Yours Sincerely,

Francisco Garcia

President & Director