PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	3	CHARTMENT OF STATE CHERNE HARTEN OF CREORATIONS		FILED		
DOCUMENT # P 99 00 00 5 2 2 7 7 1. Corporation Name				01 AUG 27 AM II: 56		
2. Principal Office Address	3. Mailing Office	Address AME	ł			
JGO I NORTH PALM AVE. SAME		MAE				
SUITE 307			4. Date Inco	4. Date Incorporated or Qualified C./7/99		
City & State	City & State		5. FEI Numb			
PEMBROKE PINES, FL				926027	Applied For Not Applicable	
Zip Country BROWARD	Zip	Country	6.	TE OF STATUS DESIDED T \$8.75 Addition	onal Fee required	
	7. Name	and Address of Current Regis	tered Agent			
Street Address (P.O. Box Number is N 2 4 2 1 N 2 Suite, Apt. #, Etc.	ot Acceptable) U. 967	_		2000045652 -08/31/01010 ****300.00	189 25-008 ** 300.00	
CHY PEMBROK	E .E	FC		State Zip Code FL 33624		
8. I, being appointed the registered agent of the abo			e obligations of sec		- I s	
Signature of Registered Agent	CONTRACTOR AGENT	li		Date 8/24/01	CRZEG81 (8/00)	
9. Names and Street Addresses of Each Officer and	l/or Director (Florida	nonprofit corporations must list a	t least 3 directors)			
Titles Name of Officers and/or Directors		Street Address of E Officer end/or Direc		City / State / Zip	1	
PREN RUPERT WILL	AMS S	421 N.W. 96TH - UITE (E)	TE:RRACE	PEMBROKE PINES	: F1.33024	
					33024	
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,					AD	
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for discovered by the corporation have been paid and the on this application is true and accurate, and my subject to the subject	colution has been etin names of individuals ignature shall have the	ninated, the corporate name satisficated on this form do not qualify the same legal effect as if made un	fies the requirement for an exemption un nder oath.	ts of section 607.0401 or 617.0401, F.S.,	that all fees ation indicated	
A ATTN:	ANDU A	DUNLAP PL	EASE CA	LI EME TO CON	Firm	

A-NATIONWIDE AUTO SHIPPERS, INC.

1601 N. Palm Ave. Suite 307 Pembroke Pines, Fl. 33026 Tel: (945) 965-8088 Fax: (954) 432-5325 Abornworldleader@msn.com

August 24, 2001

Florida Department of State Katherine Harris Secretary of State Division of Corporation

Document # P99000052277

Attn: Mr. Andy Dunlap (Reinstatement)

Dear Sir,

Please be advised that we never receive any annual report forms or notices from the Florida Department of State since we incorporated. Therefore we are requesting reinstatement effective immediately upon receipt of our reinstatement application and annual fees by your department.

Thank you.

Respectfully

Rupert Williams (President)