PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P99000056016 DOCUMENT

1. Corporation Name

EASY STREET AUTO BROKERS, INC.

Principal Place of Business

Mailing Address

RT. 7 BOX 389-A LAKE CITY FL 32055 P.O. BOX 3685 LAKE CITY FL 32056 FILED

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SECRETARY OF STATE TALLAHASKEE FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.								****	
2. New Pri	ncipal Office A	ddress, if Applicable	3. New Mail	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/21/1999		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State			City & State			1	59-3582458	Not Applicable	
Zip	Country Zip				Country 6. CERTIFICATE		S8.75 Additional Fee require for a Certificate of Status		
7. Names a	and Street Add	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D	RUFFO, JEFFERY L			P.O. BOX 3685			LAKE CITY FL 32056		
D	RUFFO, TEENA M			P.O. BOX 3685			LAKE CITY FL 32056		
		,							
I									
		······································							
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name				
RUFFO, JEFFERY L RT. 7 BOX 389-A					Street Address (P.O. Box Number is		r is Not Acceptable)	s Not Acceptable)	
LAKE CITY FL 32055					Suite, Apt. #, Etc.				
					City	City State Zip Code			
10. I, being	appointed the	registered agent of the al	bove named corpo	oration, am f	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.0	505, F.S.	
Signature o Registered	f Agent	Jagna		(Pu			1/- 2 Date 20-2	4-02 of	

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.

SIGNATURE

Daytime Phone #



ake City, FL 32056 • Office: (386) 754-0808 • Fax: (386) 754-0805 # p99000556016 125/02 To whom it may concorn ! We recieved the application for reinstatement in actober of this year. We would like to be reinstated as soon as possible but do not feel we should be changed the exton fee for we never got the reinstatement poper work. Encloseo 15. A cheek for 1500 to reinstate our corporation. Please eall me if you need any further information to get our re Instatement processed. Thank you in AdvANCE Sinceroly yours 386-867-1190

JEFFERY & ROFFO

President