PLEASE READ	ALL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.			
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	F1LED 02 APR 17 PM 2:31			
DOCUMENT # 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Mr. C's Used (	257. USR				
Document # P990	00-07 UER				
2. Principal Office Address  506 Orange Ave.	3. Mailing Office Address  1421 Royal Grove Lave  Suite, Apt. #, etc.	$\mathcal{M}/\mathcal{M} \sim$			
Suite, Apt. #, etc.	I F	4. Date incorporated or qualified To Do Business in Florida			
Daytona Beach, Fl.	PORT ORANGE FL	5. FEI Number         - Applied For           5.9 - 35 8 4 7 4/         Not Applicable			
32114 U.S.A.	32129 USA	CERTIFICATE OF STATUS DESIRED 33.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
BEVERLEY	Copello				
Street Address (P.O. Box Number is No	NOT Acceptatifle) -L Grove Lave	500005482895 -05/08/0201013019			
Suite, Apt. #, Etc.		****458.75 *****458.7			
PORT ORAN	GE \	State Zip Code FL 32/29			
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 Berline Registered Agent	EGISTERED AGENT MUST SIGN	Date #/14/82			
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at leas	st 3 directors)			
Name of	Street Address of Each				

CR2E081 (9/01)

E<sub>019</sub> 458.75

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<b>4</b> .		
Pres.	BEVerley Copello	1421 ROYAL Grove LA	PORT DRANGE X 32/19
	, 4		

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 filling 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: BULLLY Capello BEVER Ley Capello 4/14/02
SIGNATURE AND TYPES/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

On the Company of the Com

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**April 14, 2002** 

Beverley Copello 1421 Royal Grove Lane Port Orange, Fl.32129 (386) 767-0645

RE: Reinstatement for - Mr. C's Used Car's, Inc. Document # P99000057096

To Whom It May Concern:

Enclosed please find a check in the amount of \$450.00 for consideration of reinstatement for Mr. C's Used Cars, Inc.

Please be advised that we have never received notices regarding the Uniform Business Report. We were unaware that this document needed to be filed annually.

I am in the process of changing all the corporation papers to reflect a change in ownership, as my husband, Glen Copello, passed away unexpectedly. I will be the new president. If there are any other requirements for me to complete, please send any notification to my address listed above.

If you need any additional information, please feel free to contact me.

Thank you in advance for your consideration.

Sincerely,

Beverley Capello
Beverley Copello