

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **P 99000058352**
1. Corporation Name
BUDGET CAR SALES IMPORT & EXPORT INC
5934 Rodman Street
Hollywood FL 33023

2. Principal Office Address 5934 Rodman Street Suite, Apt. #, etc.		3. Mailing Office Address 5934 Rodman Street Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33023	Country Broward	Zip 33023	Country Broward

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 6/28/99	Applied For Not Applicable
5. FEI Number 65-0931913	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **REGIS M. JEAN**
Street Address (P.O. Box Number is Not Acceptable)
12195 West Dixie Hwy
Suite, Apt. #, Etc.
21
City **N. miami** State **FL** Zip Code **33141**

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***300.00 ***300.00

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 **Regis M. Jean** Date **2/23/01**
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
President	Regis M. JEAN	12195 West Dixie Hwy #21	N. miami FL 33141
SECY	FARA Siffort	P.O. Box 20620	WESTON FL 33326
VPS	Demosthene Merandieu	5424 Taft Street	Hollywood FL 33021

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 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: **FARA SIFFORT SEC** Date **2/23/01** 454 981-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)