
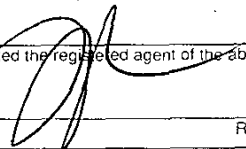
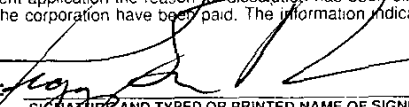


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # <u>S31724</u>		FILED 00 DEC -7 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name The Car Store of Polk County, Inc.			
Mailing Address Principal Place of Business			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable 343 Hamilton Shore Dr.		3. New Principal Office Address, If Applicable 343 Hamilton Shore Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33881	Country US	Zip 33881	Country US
4. Date Incorporated or Qualified To Do Business in Florida 2-12-91		5. FEI Number 59-3051638	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$9.75 Additional Fee required 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Peggy S. Mitchell	343 Hamilton Shore Dr.	Winter Haven, FL 33881
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
John L. Mann Attorney at Law 105 South Florida Avenue Lakeland, FL 33801		Name 600003509466--7	
		Street Address (P.O. Box Number is Not Acceptable) -12/21/00--01002--013	
		Suite, Apt. #, Etc. ***1800.00 *****900.00	
		City FL	
		State FL	
		Zip Code	
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.			
Signature of Registered Agent 		Date 12/5/00	
REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 		Date 12/05/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peggy S. Mitchell		Daytime Phone # 939-5129	