PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



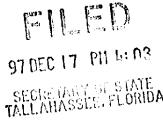
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$53979

1. Corporation Name

QUALITY BUICK-GMC-TRUCK, INC.



						•	TALLAHASSEE, FLO	MUM	
Principal Place of Business 2725 SO US HWY 17-92 CASSELBERRY FL 32707 US			Malling Address PO BOX 180399 CASSELBERRY FL 32718 US		REINSTATEMENT A				
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable			3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/21/1991			
Sulte, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			5. FEI Numb	59-3068953 Applied For Not Applicable		
Z ip Country		Country	Zip		Country	6. CERTIFICA	6. CERTIFICATE OF STATUS DESIRED Or a Certificate of Statu		
7. Names	and Street Ad		/or Director (Flo	rida nonprol	fit corporations must list at le				
Title(s)	2	Name of Officers and/or Directors	Street Address of Officer and/or Dirt 3 (Do NO1 Use Post Office E		Street Address of Eac Officer and/or Directo o NOT Use Post Office Box	h Numbers)	City / State / Zip		
P	JENNIER, WALTER A.			2725 \$ HWY 17-92			CASSELBERRY FL		
٧	SALE, DAVID K.			2725 \$ HWY 17-92			CASSELBERRY FL		
ST	ST SPENGLER, ROBERT H.			2725 \$ 1	HWY 17-92		CASSELBERRY FL		
						Q. Mono on	d Address of New Registered		
	8. Nan	e and Address of Current	Registered Age	Name			600002380036 4		
SALE, DAVID K 2725 S HIGHWAY 17-92 CASSELBERRY FL 32707				*					
10. I, being Signature of Registered	· (.)	M Harre	ove named corpo		 amiliar with and accept the c	obligations of Se	Date /2/10/07		

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes X No

(See other side for information on intangible tax.)

12. 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 negles 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 acquirate, and my support the same legal effect as if made under eath.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/97

Daytime Phone #

(120) A-013