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PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Feb 03, 2003 8:00 A.M.
Secretary of State

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60969

1. Corporation Name

TONY'S AUTO TECHNICIAN, INC.

Principal Place of Business	Mailing Address
12496 S.W. 128TH ST BAY 107 MIAMI FL 33186	12496 S.W. 128TH ST BAY #107 MIAMI FL 33186 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/17/1991

5. FEI Number: 65-0265724 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED X — $8.75 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	4 City / State / Zip
PD	AFANADOR, ROBINSON	12496 S.W. 128TH ST	MIAMI FL 33186
VSD	AFANADOR, MARGARITA	12496 S.W. 128TH ST	MIAMI FL 33186

8. Name and Address of Current Registered Agent

~~QUINONES, ANTONIO R.~~
~~12496 S.W. 128TH ST~~
~~BAY 107~~
~~MIAMI FL 33186~~

9. Name and Address of New Registered Agent

Name: Robinson Afanador
Street Address (P.O. Box Number is Not Acceptable): 12496 SW 128TH. Street
Suite, Apt. #, Etc.: Bay 107
City: Miami
State: FL
Zip Code: 33186

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. or 617.0505, F.S.

Signature of Registered Agent: [signature]
Date: 1-30-2003
REGISTERED AGENT MUST SIGN

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, the name and address 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: [signature] Robinson Afanador Jr. 1/30/03 (305) 254-1889
OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E049 (3/02)

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

AMERICAN HITECH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00