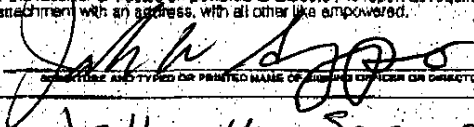


**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # S80116																																																																																																																											
1. Entity Name M.V.R. AUTO BROKERS, INC.		2. Principal Place of Business 5008 GRAND BLVD NEWPORT RICHEY, FL 34652																																																																																																																									
3. Mailing Address 1533 US HWY 19 HOLIDAY, FL 34691 US		4. FEI Number 59-3079916																																																																																																																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Applied For ☐ Not Applicable																																																																																																																									
7. Name and Address of Current Registered Agent PETER V. PIPITONE 1533 U.S. HWY 19 HOLIDAY, FL 34691		8. Name and Address of New Registered Agent																																																																																																																									
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.		10. SIGNATURE Signature, typed or printed name of registered agent and the I approve. (NOTE: Registered Agent signature required when reinstating.)																																																																																																																									
11. FILE NUMBER: FILE IS \$150.00 After January 1, 2005, Fee will be \$300.00		12. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																									
13. OFFICERS AND DIRECTORS		14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:																																																																																																																									
<table border="1"> <tr> <td>TITLE</td> <td>ST</td> <td>NAME</td> <td>PIPITONE, PETER V</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>1533 US HWY 19</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>HOLIDAY, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>NAME</td> <td>WEISS, ARTHUR</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>1533 US HWY 19</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>HOLIDAY, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>NAME</td> <td>SCROPPA, JOHN W.</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>1533 US HWY 19</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>HOLIDAY, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	ST	NAME	PIPITONE, PETER V	☐ Delete	STREET ADDRESS			1533 US HWY 19		CITY-STATE-ZIP			HOLIDAY, FL		TITLE	VP	NAME	WEISS, ARTHUR	☐ Delete	STREET ADDRESS			1533 US HWY 19		CITY-STATE-ZIP			HOLIDAY, FL		TITLE	VP	NAME	SCROPPA, JOHN W.	☐ Delete	STREET ADDRESS			1533 US HWY 19		CITY-STATE-ZIP			HOLIDAY, FL		TITLE		NAME		☐ Delete	STREET ADDRESS					CITY-STATE-ZIP					TITLE		NAME		☐ Delete	STREET ADDRESS					CITY-STATE-ZIP					<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		NAME		☐ Change ☐ Addition	STREET ADDRESS					CITY-STATE-ZIP					TITLE		NAME		☐ Change ☐ Addition	STREET ADDRESS					CITY-STATE-ZIP					TITLE		NAME		☐ Change ☐ Addition	STREET ADDRESS					CITY-STATE-ZIP				
TITLE	ST	NAME	PIPITONE, PETER V	☐ Delete																																																																																																																							
STREET ADDRESS			1533 US HWY 19																																																																																																																								
CITY-STATE-ZIP			HOLIDAY, FL																																																																																																																								
TITLE	VP	NAME	WEISS, ARTHUR	☐ Delete																																																																																																																							
STREET ADDRESS			1533 US HWY 19																																																																																																																								
CITY-STATE-ZIP			HOLIDAY, FL																																																																																																																								
TITLE	VP	NAME	SCROPPA, JOHN W.	☐ Delete																																																																																																																							
STREET ADDRESS			1533 US HWY 19																																																																																																																								
CITY-STATE-ZIP			HOLIDAY, FL																																																																																																																								
TITLE		NAME		☐ Delete																																																																																																																							
STREET ADDRESS																																																																																																																											
CITY-STATE-ZIP																																																																																																																											
TITLE		NAME		☐ Delete																																																																																																																							
STREET ADDRESS																																																																																																																											
CITY-STATE-ZIP																																																																																																																											
TITLE		NAME		☐ Change ☐ Addition																																																																																																																							
STREET ADDRESS																																																																																																																											
CITY-STATE-ZIP																																																																																																																											
TITLE		NAME		☐ Change ☐ Addition																																																																																																																							
STREET ADDRESS																																																																																																																											
CITY-STATE-ZIP																																																																																																																											
TITLE		NAME		☐ Change ☐ Addition																																																																																																																							
STREET ADDRESS																																																																																																																											
CITY-STATE-ZIP																																																																																																																											
15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																											
SIGNATURE: 		10-19-04 V.P.																																																																																																																									
TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		Date																																																																																																																									

WE NEVER RECEIVED ANY

NOTICE OR FORM TO
FILED
PAY THIS FEE TO DIVISION

OCT 28 2004 OPERATIONS ENCLOSED

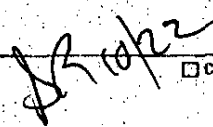
PLEASE FIND CK FOR THE

TALLAHASSEE, FLORIDA THANK YOU

10-19-04 FOR YOUR UNDERSTANDING



10192004 REIN-P CR2E098 (6/04)

FILE
OCT 20 2004
2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA200042017502
10/20/04-01049-009-150.00

727-942-4777