PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 APR -3 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # S83114

1. Corporation Name: Bargo A+A Auto Rental, Inc.

REINSTATEMENT 01-02

2. Principal Office Address: 11808 Hwy 92 E
Suite, Apt. #, etc.:
City & State: Seffner FL
Zip: 33584 Country:

3. Mailing Office Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9-26-91

5. FEI Number: 59-3086978 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $69.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David R. Bargo
Street Address (P.O. Box Number is Not Acceptable): 6937 Durant Rd
Suite, Apt. #, Etc.:
City: Plant City State: FL Zip Code: 33567

700005289957--5
-04/17/02--01083--002
****900.00 ****300.00

8. I hereby 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: David Bargo REGISTERED AGENT MUST SIGN Date: 3-29-02

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
PRES	David R. Bargo	6937 Durant Rd	Plant City FL 33567

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: David Bargo 3-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (3/00)