PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

591169

W. W. GARAGE, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

			U77(/		
2. Principal Office Address 6450 SW 42nd Street		3. Mailing Office Address 6450 SW 42nd Street		REINSTATEMENT 94-01	
Suite, Apt. #, etc. City & State Davie, Florida		Suite, Apt. #, etc.		TENED PARLINE 94 0	
		_		4. Date Incorporated or Qualified To Do Business in Florida 10/31/1991	
		City & State			
		Davie, Florida		5. FEI Number	Applied For
				65–0296947	Not Applicable
Zip	Country	` Zip	Country	6.	9.75 Additional Commission
33314	USA .	33314	USA	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
		7 Nome	and Address of Current F	Parietared Appeal	

7. Name and Address of Co	urrent Registered Agent
BARBARA SUE IRICK GOHS / PR	80000391214 9 -03/27/0101059
Street Address (P.O. Box Number is Not Acceptable) 6450 SW 42nd Street	******8.75 ***
Suite, Apt. #, Etc.	
DAVIE.	State Zip Code 33314

8. I, being appointed the registered agent of the above named corporation am familiar with and accept the ob-	bligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Doubor Juliah Maria	Date 3/15/61
REGISTERED AGENT MUST SIGN	

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Barbara Sue Irick Gohs /PR	6450 SW 42nd Street	Davie, Florida 33314
s	Barbara Sue Irick Gohs /PR	6450 SW 42nd Street	Davie, Florida 33314
T	Barbara Sue Irick Gohs /PR	6450 SW 42nd Street	Davie, Florida 33314
D	Barbara Sue Irick Gohs /PR	6450 SW 42nd Street	Davie, Florida 33314
			200003512148 03/27/0101059013

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 filling 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 by signature shall have the same legal effect as if made under oath.

SIGNATURE:7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Daytime Phone #