

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 21 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V35209

1. Corporation Name

GCI AUTOMOTIVE CORP.

Principal Place of Business

360 Central Ave
Ste. 1290
St. Petersburg FL

Mailing Address

c/o General Cable
360 Central Ave
Ste 1290
St. Petersburg FL

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

2. New Principal Office Address, If Applicable

C/O General Cable

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

C/O General Cable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1992

5. FEI Number

59-3127131

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Street Address 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Agustin Cueto	360 Central Ave. Ste1290	St. Petersburg FL 33701
			400002245734--1 -07/23/97--01126--004 ****915.00 ****915.00

REINSTATEMENT 96-97

A. Cueto
7/17/97

8. Name and Address of Current Registered Agent

Agustin Cueto
C/O General Cable
360 Central Ave. ste 1290
St. Petersburg FL 33701

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State FL Zip Code _____

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.

Signature of Registered Agent

Agustin Cueto

REGISTERED AGENT MUST SIGN

Date 7 17 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 taxes 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:

Agustin Cueto

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/97 813 821 4441

Date

Daytime Phone #

CR2240 (12/95)