APPLICATION FOR REINSTATEMENT

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

FILED
98 APR -6 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59476

1 Corporation Name
Jillian's Auto Sales, Inc.

Principal Place of Business
~~1111 Norvell Bryant Hgwy.~~
~~Hernando, FL 32642~~

Mailing Address
c/o Maria Russo
400 Hoover Ave.
Bloomfield, NJ 07003

REINSTATEMENT 95-98

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

2 New Principal Office Address, If Applicable
6187 Slate Street
Suite, Apt. #, etc.
City & State
Inverness, FL
Zip 34452 Country USA

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

4. Date Incorporated or Qualified To Do Business in Florida
8/24/92

5. FEI Number
59-3138692
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Maria Russo	400 Hoover Ave.	Bloomfield, NJ 07003
			8/4/98
			900002483129-- 0 -04/08/98 --01106--005 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent
Anthony Russo
~~1111 NOrvell Bryant Highway~~
~~Hernando, FL 32642~~

9. Name and Address of New Registered Agent
Name ANTHONY RUSSO
Street Address (P.O. Box Number is Not Acceptable) 6187 SLATE ST
Suite, Apt. #, Etc.
City INVERNESS State FL Zip Code 34452

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 _____ Date 3-20-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(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 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: Maria Russo 3 20 98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA RUSSO, PRESIDENT