


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT -3 PM 4:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # F86660 1. Corporation Name Freedom Ford, Inc.		REINSTATEMENT 2000		
Principal Place of Business Mailing Address 24825 US HWY 19 N 24825 US HWY 19 N Clearwater, FL 34623 Clearwater, FL 34623				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable 5401 E. Independence Blvd.		3. New Mailing Address, If Applicable 5401 E. Independence Blvd.		4. Date Incorporated or Qualified, To Do Business in Florida 6-21-82
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number
City & State Charlotte, NC		City & State Charlotte, NC		59-2214873
Zip 28212	Country US	Zip 28212	Country US	Applied For
				Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)				
1	2	3	4	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip	
President	B. Scott Smith	5401 E. Independence Blvd.	Charlotte, NC 28212	
Vice Pres	Theodore M. Wright	5401 E. Independence Blvd.	Charlotte, NC 28212	
Secretary	Stephen K. Coss	5401 E. Independence Blvd.	Charlotte, NC 28212	
Director	O. Bruton Smith	5401 E. Independence Blvd.	Charlotte, NC 28212	
Director	B. Scott Smith	5401 E. Independence Blvd.	Charlotte, NC 28212	
Director	Theodore M. Wright	5401 E. Independence Blvd.	Charlotte, NC 28212	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc. 300008454473		
		City 11/07/00--01018--009 **** FL Zip Code 758.75		
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY		Date		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 817, 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Date 1/29/00		Daytime Phone # 704-532-3320

CR2E040 (12/95)

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