

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000097380

1. Corporation Name

AUTO BAHN XCLUSIVE, INC.

2. Principal Office Address

16275 SW 88th Street

Suite, Apt. #, etc.

224

City & State

MIAMI FL

Zip

33196

Country

USA

3. Mailing Office Address

16275 SW 88th Street

Suite, Apt. #, etc.

224

City & State

MIAMI FL

Zip

33196

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1048240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL DIAZ

Street Address (P.O. Box Number is Not Acceptable)

16275 SW 88th Street

Suite, Apt. #, Etc.

224

City

MIAMI

000005389270--9

04/30/02-01016-007

****300.00 ****300.00

State
FL

Zip Code
33196

8. I, being 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/18/02

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
PD	GUIN, ANGEL L.	6275 SW 88th St	MIAMI FL 33196
VD	DIAZ, DANIEL	16275 SW 88th St	MIAMI FL 33196
STD	ROSADO, MARIA L.	16275 SW 88th St	MIAMI FL 33196

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
Date

Daytime Phone #

CR2E081 (9/01)

April 13, 2002

Department of State
Division of Corporations
Tallahassee, FL 32314

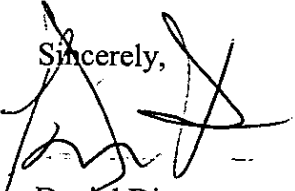
Subject: Autobahn Xclusive, Inc.
Reinstatement

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2001 filing year. According to your records, you never received an annual report for our corporation. We never received the report and did not know to file this report. Please accept our apologies for any inconvenience this may have caused. Since we opened the business the address has changed and mail was lost or misplaced. We never received the report because our address changed twice. If we had received it, we would have sent the \$150.00 immediately. This is our first time having a corporation.

Please accept this check of \$300.00 for the annual report for 2001 and for 2002. Thank you very much for your cooperation.

Sincerely,



Daniel Diaz
Vice President