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	3. Mailing Office Address
16275 SW 88th Street	16275 SW 88th Street
Suite, Apt. #, etc.: 224	Suite, Apt. #, etc.: 224
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33196 Country: USA	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 88 th Street

Suite, Apt. #, Etc.: 224

City: MIAMI State: FL Zip Code: 33196

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****300.00 ****300.00

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

CR2E081 (9/01)

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

Date 3/18/02 Daytime Phone #

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