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
98 MAR 31 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 270031

1. Corporation Name: Six Wheels, INC

Principal Place of Business: 324 E. Par St.

Mailing Address: 324 E. Par St, Suite #2
Orlando, FL. 32804

REINSTATEMENT 97-98 AR

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
324 E. Par St.	
Suite, Apt. #, etc.: Suite #2	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32804 Country: Orange	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: May 17, 1963

5. FEI Number: 59-1371550 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

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
president	John R. Arnold, MD	666 Seminole Dr. Winter Park, FL	32789
Secretary	Thomas B. Prince, MD	409 Balmoral Rd.	Winter Park, FL. 32789

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****8.75 ****8.75

8. Name and Address of Current Registered Agent

John R. Arnold, MD
324 E. Par St, Suite 2
Orlando, FL. 32804

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

CR2E040 (1-98)

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: John R Arnold
REGISTERED AGENT MUST SIGN

Date: 3/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: John R Arnold — 3/26/98 — (407) 896-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John R. Arnold, MD