PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | SECRETARY OF STATE EIVISION OF CORPORATIONS 08 HAY 14 PM 1: 38 |
|--|---|--|
| DOCUMENT # L0500007 1. Limited Liability Company's Name Automotive Trends, | | |
| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address | CR2E041 (12/07) |
| 479 NE 56th Street | 479 NE 56 th Street | 4. State/Country of Formation |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Florida / U.S. |
| · | | 5. Date Organized or Qualified |
| City & State Miami, FL | City & State Micmi, FL | 6. FEI Number Applied For |
| Zip Country 33137 U.S. | Zip Country 33137 U. 5. | 7- CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent | | |
| Name Bimal Pertal Street Address (P.O. Box Number is Not Acceptable) 479 NE 56th Street Suite, Apt. #, Etc. | | A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. |
| Micumi | State Zip Code FL 33 i 37 | reinstatement de waived. |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | |
| Signature of Registered Agent Date 4/9 0 \$ | | |
| 10. Names and Street Addresses of Managing Members/Managers | | |
| Titles Name of Managing Members/Manage | Street Address of Each | |
| MGR Jesse Brody | 479 NE 56th St. | Miami, FL 33137 |
| | | 200124380758 |
| | | 800124380758 05/23/0801017010 **138.75 |
| | | 04/78/08-10045-012 **277.50 |
| | | |
| (N | REINSTAT | EMENT 2006-08 |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when Witing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 eath. Signature of Managing Member/Manager Date 4/9/08 Daytime Phone# | | |
| Managing Member/Manager Date Date | | |