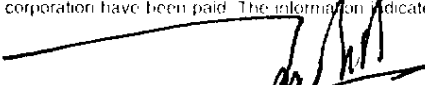


ANNUAL REPORT PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>REINSTATEMENT</p> <p>98 APR 27</p> <p>DOCUMENT # L92542</p> <p>1. Corporation Name REX IMPORTS, INC.</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">FILED</p> <p style="text-align: center;">98 APR 27 PM 1:34</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>Principal Place of Business Mailing Address</p> <p>1907 MORNING DRIVE ORLANDO, FLORIDA 32809</p>		<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																													
<p>2. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>3. New Mailing Address, If Applicable</p> <p>195 S. WESTMONTA DRIVE SUITE G ALTAMONTE SPRINGS, FL 32714</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
<p>4. Date Incorporated or Qualified To Do Business in Florida</p>		<p>5. FEI Number 59-3025002</p> <p>Applied For Not Applicable</p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P/D</td> <td>MOHAMMAD S. BUTT</td> <td>4228 MAILBOX WALK</td> <td>SMYRNA, GA 30080</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		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	P/D	MOHAMMAD S. BUTT	4228 MAILBOX WALK	SMYRNA, GA 30080																				
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name EMMATT L. HARTFIELD</p> <p>Street Address (P.O. Box Number is Not Acceptable) 195 S. WESTMONTA DRIVE</p> <p>Suite, Apt. #, Etc. SUITE G</p> <p>City ALTAMONTE SPRINGS State FL Zip Code 32714</p>																													
<p>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.</p> <p>Signature of Registered Agent Emmatt L. Hartfield Date 4/21/98</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>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 checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															

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 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., 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:  **PRESIDENT** **4/21/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR