

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001365

Name and Mailing Address

0008075 01 FP 0.352 \*\*PRST T5 0 0615 60035-325664



WORKHORSE CUSTOM CHASSIS, LLC  
600 CENTRAL AVENUE, SUITE 214  
HIGHLAND PARK IL 60035-3256

000008810780  
11/05/02--01077--005 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> IL	
<b>Principal Place of Business</b> 600 CENTRAL AVENUE, SUITE 214 HIGHLAND PARK IL 60035		<b>5. Date Organized or Qualified To Do Business in Florida</b> 06/18/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 36-4244734	
<b>8. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. 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.</b> Signature of Registered Agent <i>Ed Hand</i> <b>Ed Hand - Asst. Sec.</b> Date <i>11/4/02</i> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TAITZ, ANDREW	600 CENTRAL AVENUE, SUITE 214	HIGHLAND PARK IL 60035
<b>REINSTATEMENT 2002</b> <i>PK</i>			

CR2E084 (8/02)

12. 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 filing 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 oath.

Signature of Managing Member/Manager

Date 10-22-02 Daytime Phone # (847) 681-8714

Typed or printed name of signing Managing Member/Manager

Andrew Taitz

MANAGER