## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN -8 PM 1:49	
DOCUMENT # PO100004170  1. Corporation Name  ENDIESS Wheels & ACCESSORIES, INC.		SEUNLTANY OF STATE TALLAHASSEE, FLORIDA	
ENDLESS WHEELS & ACCESSORIES, INC.			
		- REINSTATIONENT 02-08	بسبخ
2. Principal Office Address 7280 L) 1. LANE	3. Mailing Office Address 7280 W Z LANSE	WELLOW AND COMPANDED OF OUR	), 17
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified	7
City & State City & State		To Do Business in Florida /_//- 260/	1
HIALEAH, FL.	HIALEHH, FL.	5. FEI Number Applied For  Not Applicable	,
2ip 33014 Country 115.	53014 Country US.	CERTIFICATE OF STATUS DESIRED of 50.75 Additional Fee require for a Certificate of Status	ed :
7. Name and Address of Current Registered Agent			
Name			
7280 W. 2 LANE 00,00,03-01003-0103 ***300.10  Sulte, Apt #, Etc. 200055913732			
City // 2 / - 2 //		06/08/0501065004 ±±500 00   State   Zip Code /	
## FL 33014  8. I, being appointed the registered/agent of the above named corporation, am ramiliar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent Date 5* 25 CS Page No. 10 Date 15 To 25 CS Page No. 10 Date 15 CS Page No. 10 Date 15 Da			
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 Ea Officer and/or Direct		
P/D JOSE RAMAI ROJES Je. 7.280 W. 2 L		LANE HALEAH FL 330/4	]
V/T/C JOSE RAMON RENES 521 SW 6 5		st. Minni . FL 33030	1
M REYNALDO R	eyts 931 IBis	AVE Minmi Springs, 33166	
S Almai Boffi	-11 7280 W. Z	LANE HINTEHH FL 330/4	
200055913732 08/08/0501065005 **203.00			
	W.	10570870501065005 **203.00	
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: 5-25-05 605/698-8870			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			