PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 28 PM 1:07

DOCUMENT # P01000073562

1. Corporation Name HIGHLINE WHEELS CORPORATION

REINSTATEMENT D3
10/3/03 01086 014 750.00

2. Principal Office Address	3. Mailing Office Address
6135 NW 167 ST	6135 NW 167 ST
Suite, Apt. #, etc.: E-17	Suite, Apt. #, etc.: E-17
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7.24.2001

5. FEI Number: 65-1122067 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SCOTT FLUHRER
Street Address (P.O. Box Number is Not Acceptable): 6135 NW 167 ST
Suite, Apt. #, Etc.: E-17
City: MIAMI State: FL Zip Code: 33015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Scott Fluhrer Date: 10-27-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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 Each Officer and/or Director	City / State / Zip
P,T	SCOTT FLUHRER	6135 NW 167 ST E-17	MIAMI, FL 33015
V,S	ANDREW VARONA	6135 NW 167 ST E-17	MIAMI, FL 33015

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 the 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: Scott Fluhrer 10-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/28 CW