2004 Year Reinstatement Adm Dis filed 9-19-03 By Dept of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 28 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000039531

1. Corporation Name
WORLD OF WHEELS MIAMI INC
18647 SW 107th Avenue
Miami, FL 33157

REINSTATEMENT 03-09

2. Principal Office Address	**3.** Mailing Office Address
10460 SW 186 St.	10460 SW 186th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33157 Country: USA	Zip: 33157 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4-11-02

5. FEI Number: 02-0533524 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: BEHNAM AZADI

Street Address (P.O. Box Number is Not Acceptable): 10460 SW 186th Street

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33157

New address

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 X _____ REGISTERED AGENT MUST SIGN Date 1-7-04

CR2E081 (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
Pres/Sec DIR	BEHNAM AZADI	10460 SW 186th St	Miami, Fla 33157
Vice Pres DIR	JAVAD AZADI	10460 SW 186th St	Miami, Fla 33157

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01/28/04--01017--013 **300.00

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 (X) _____ Pres/Dir 1-7-04 305-774-9144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #