2006 FOR PROFIT GORPORATION REINSTATEMENT FILED SECRETARY OF STATE DIVISION OF STREAMS DOCUMENT # P02000117955 1. Entity Name SPEEDLANE INVESTMENTS INC. 06 HAY 26 AM 8: 35 Principal Place of Business Mailing Address REMSTATEMENT 05-06 10323 CAUSEWAY BLVD 10323 CAUSEWAY BLVD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 2. Principal Place of Business 10323 Causeway CR2E098 (11/05) 05162006 Applied For 4. FEI Number 13-4219318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.S. A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHHOURI, ALEX A 10209 WATERSIDE OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33647 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rec President CHHOURI SIGNATURE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the

corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHHOURI, ALEX A NAME NAME 900076161 06/14/06--01004--007 STREET ADDRESS 10209 WATERSIDE OAKS DRIVE STREET ADDRESS **TAMPA, FL 33647** CITY-ST-ZIP CITY-ST-ZIP vs ☐ Delete Change ☐ Addition AZAR, JOHN NAME NAME P.O. BOX 1286 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FAIRMONT, WV 26555 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE: