PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

P02000120766

1. Corporation Name

WHEEL EXPRESSIONS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED

03 OCT 27 AH 10: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2275 PALM BEACH LAKES BLVD SUITE C WEST PALM BEACH FL 33409			2275 PALM BEACH LAKES BLVD SUITE C WEST PALM BEACH FL 33409								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							REINSTATEMENT 03				
					ing Office Address, If Applicable			Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt. #				etc			To Do Business in Florida 11/.13/2002				
Oute, Apr. W, etc.							5. FEI Number Applied For			Applied For	
City & State			City & State					Not Appl			
Zip Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED (
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s) Name of Officers and/or Directors				3		et Address of Each er and/or Director		City / State / Zip			
PTD	ZAGAROLO, NICOLA L			2275 PALM BEACH LAKES BLVD.			SUI WEST PALM BEACH FL 33409				
VSD	KUSHNER, JAY D			2275 PAI	M BEAC	H LAKES BLVD.,	, SUI	WEST PALM BEACH FL 33409			
				600024166956 10/27/0301062001 **150.00							
				10/2//0301062001 **1-00.00							
								ļ			
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
ZAGAROLO NICOLA L ESO						Name	. عب ـ			(63)	
						Street Address (P.O. Box Number is Not Acceptable)				CR2E040 (7/03)	
POMPANO BEACH FL 33064					Suite, Apt. #, Etc.						
		V - 4 throws				City		State FL	Zip Cod	e	
10. I, being	appointed the	registered agent of the abo	ve named corpo	oration, am f	amiliar with	h and accept the ob	bligations of Secti	ion 607.0505, F.S. or 617.050	5, F. S .		
Signature of Head											
Régistered	Agent	No Complete State of the State	GISTARED AG	ENT MUST	SIGN			Date			
11 Logrify	that I am an a		//	· · · · · ·		his anniication as a	rovided for in obs	enter 607 or 617 E.S. Lfurthou	continue that	when filing	
11. I certify that I am an officer or director or the recover 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

NICO/A L. CAGARO/O

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER

WHEEL EXPRESSIONS, INC.

2275 Palm Beach lakes, Blvd, Suite C West Palm Beach, Florida 33409

TELEPHONE: (561) 689-7777 FAX: (561) 209-2040

OCTOBER 23, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

> RE: Reinstatement Application - Uniform Business Report Applications Exotic Wheel Experts, Inc. d/b/a Wheel Expressions 2275 Palm Beach lakes, Blvd, Suite C West Palm Beach, Florida 33409

To Whom It May Concern::

This correspondence shall serve to confirm that I am the Vice President, Director and duly authorized representative of Wheel Expressions, Inc., a Florida Corporation.

Please be informed, pursuant to you request, this letter shall serve to confirm that Wheel Expressions, Inc. did not receive any of the previous Uniform Business Report Applications. Accordingly, as we are unaware of the requirement to file said report until we received your most recent correspondence, we respectfully request that the Secretary of State waive the reinstatement penalty for said reinstatement. Furthermore, as we are anxious to comply with the filing requirements, we have enclosed our check made payable to the Department of State in the amount of \$150.00.

In closing, I respectfully request that you kindly review the forgoing representations and enclosures to ensure that same meet with your approval. Furthermore, I would like to take this opportunity to thank you for your anticipated cooperation and courtesies and ask that you contact my office with any questions or concerns.

Sincerely.

Wheel Expressions, Inc.

Jæ√Kushner Vice President