PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # POS OOOO 88 LOS 3 1. Corporation Name HIGHEND MOTORING, INC. 2. Principal Office Address 3. Mailing Office Address 5 South, Apr. R. acc. 3. Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 3. Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 8 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 3 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date become 10 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date becompensed of Qualifies 9 200.03 To Suite, Apr. R. acc. 4. Date become 10 200.03 To Suite, Apr. R. acc. 4. Date become 10 200.03 To Suite, Apr. R. acc. 5. FEI Number 200.03 To Suite, Apr. R. acc. 5. FEI Number 200.03 To Suite, Apr. R. acc. 5. FEI Number	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	06 SEP 19 AMII: 51	
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4. Date Incorporate or Qualified 8 / 13 / 200 3 TO Do Business in Florida 8 / 13 / 200 3 TO Do Business in Florida 8 / 13 / 200 3 TO Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 8 / 13 / 200 3 To Do Business in Florida 9 / 16 / 16 / 16 / 16 / 16 / 16 / 16 /	3876 SW 112 AUS	SAUG.	- COMMON ATPACENT AND	
City & State Country Country Country Country Country State FL Country Country		Suite, Apt. #, etc.	4 Date Incompreted or Qualified — 1	
7. Name and Address of Current Registered Agent Name Kodolfo Perez Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4. Etc. City State Zip Code Titles State Agent Agent REGISTERED AGENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must tist at least 3 directors) Titles Officer and/or Director Name of Officer and/or Director Officer and/or Director Agent Address of Each Officer and/or Director (Florida nonprofit corporations must tist at least 3 directors) Titles Officer and/or Director Officer and/or Dire	City & State Manie, FL	City & State	5. FEI Number 84 - 1648721 Applied For	
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Suite, Apt. #, Etc. City City State City Registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0503 F.S. Signature of Registered Agent Registered Age	Kodolt			
City MY 4 Mi 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director ABAVE MY Ami, FR 33165 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 filling 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 overed by the corporation have been paid and the names of Individuals listed on this form don of 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 cath.	3876 SW 112 AUE 09/26/0601039023 **450.00			
8. 1, being appointed the registered agent of the above named corporation, am familiar with end accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tilles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) Pres. Rodolfo Perez 38.76 Swill Aws Mr Amic, Fit 33166 10. Locartify that Lam 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 filling 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 oved 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 affect as if made under oath.	Suite, Apt. #, Etc.	فطيعة المتحضينات للتيوسيين الياميزجيل فيامانه لييار البواران		
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9/18/2006

TO WHOM IT MAY CONCERN:

IN REFERENCE TO FLORIDA CORPORATTION HIGHEND MOTORING INC. LOCATED AT 701 BRICKELL KEY BLVD #2405 MIAMI, FL 33131. ANNUAL REPORTS WERE NEVER RECEIVED DUE TO RE-LOCATION AND ADDRESS CHANGE.