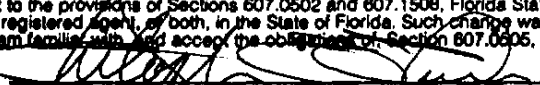


FILE NOW: FILING FEE, AFTER MAY 1 IS \$550.00

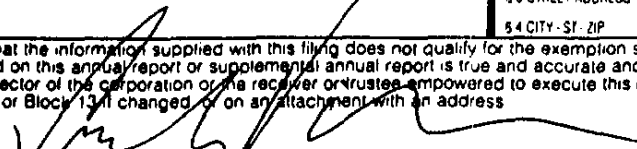
PROFIT CORPORATION REINSTATEMENT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93 0000 42364 Corporation Name Dream Cars & Trucks, Inc			
Principal Place of Business 1590 N. State Road 7 Lauderhill, FL 33313		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
8. Name and Address of Current Registered Agent Carlos Villanueva 13377 NW 7th Street Fort Lauderdale, FL 33325		10. Name and Address of New Registered Agent 81 Name Christopher C. Cloney 82 Street Address (P.O. Box Number is Not Acceptable) 315 SE 7th Street, Suite 200 83 84 City Fort Lauderdale FL 85 Zip Code 33301	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE  Christopher C. Cloney 5-22-97 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE Pres, V. Pres, Sec'y, Treas. ☒ DELETE NAME Carlos Villanueva STREET ADDRESS 13377 NW 7th Street CITY-ST-ZIP Fort Lauderdale, FL 33325		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Add 300002200313-3 -06/03/97-01105-009 ***\$915.00 ***\$915.00	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

FILED
97 MAY 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-97

3. Date Incorporated or Qualified	3a. Date of Last Report 5-10-95
4. FEI Number 65-0419324	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/97

Date

Daytime Phone #