PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FOR-Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** P96000003659 DOCUMENT # 00 0CT 23 PM 2: 05 1. Corporation Name SEGRETARY OF STATE TALLAHASSEE, FLORIDA MILLER HISTORIC MOTORCARS, INC. Principal Place of Business Mailing Address PO BOX 1420 P.O. BOX 1420 HIGHLANDS NC 28741 HIGHLANDS NC 28741 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/08/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0644645 City & State City & State Not Applicable 6. \$8.75 Additional Fee required for a Certificate of Status Country Zio Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) HIGHLANDS NC 28741 426 PINE STREET, SUITE 205 D MILLER, I. DALE -11/09/00--01018--025 \*\*\*\*750.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MILLER, I. DALE Street Address (P.O. Box Number is Not Acceptable) 211 COMMERCIAL BLVD. Suite, Apt. #, Etc. NAPLES FL 34104 Zip Code City State 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN

11. 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:

SIGNALITY SEQUIRED

10]19 2000 A 28 526 8886