Paid 2/28/98. #2 DO NOT WRITE IN THIS SPACE. APPLICATION FLORIDA DEPARTMENT OF STATE **FOR** Jim Smith FILED REINSTATEMENT Secretary of State FOR **DIVISION OF CORPORATIONS** 19**9**8 · 98 MAR -9 PM 2: 11 Relight 25% horesse Other fode Before Missing Entires. 2. If Address in Big of its promoted the why left in Morrect address below. The NAME is the corporation can be changed only by filling an Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # P96000014278 amendment. Tire and Wheel Depot, Inc. Address 101 N.W. 27th Avenue Miami, FL 33125 Address City and State REINSTATEMENTQZip Code 3. Date incorporated or Qualified FEI Number Applied For To Do Business in Florida 2/15/96 65-0647039 ☐ FEI Number Not Applicable 5. Names and Street Addresses of Each Officer and/or Director Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Names of Officers City and State Title and/or Directors Miami, FL 101 N.W. 27th Avenue 33125 D Machin, Juan 900002452679-<del>03/10/38--01080--001</del> . \*\*\*\*900.00 \*\*\*\*900.00 For Intangible tax information call Department of Revenue 904-488-6800. 7. Name and Address of New Registered Agent REGISTERED AGENT INFORMATION Name 6. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Machin, Juan Street Address (Do NOT Use P.O. Box Number) 101 N.W. 27th Avenue 33125 Miami, FL City and State Zip Code 8. 1, being appointed the registered agent of the above named corporation, art tenditian with and accept the obligations of section 607.0505, F.S. Signature of Registered Agent 9. 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 approach he reason for discourage has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all lees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signatur me of signing officer or director 10. Should you desire a certificate of status check the box. 58-75 Additional Lea

CERTIFICATE OF STATUS DESIRED

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