## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

| ÷ 2                           | PLEASE NEAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ALL INS I N            | JUTIONS BEFORE                                    | COMPLET                | ING THIS FUNIVI                                             | •                                                     |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------|------------------------|-------------------------------------------------------------|-------------------------------------------------------|--|
| CORP<br>REINE I               | STOULD STATE OF LAND AND A COLUMN THE COLUMN | Kar<br>Sec             | EPARTMENT OF STATE therine Harris retary of State |                        | FILED SLUKETARY OF STAIL PROPERTY OF CORPOR.                |                                                       |  |
| 1. Corporation Nat            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 7-101                                             |                        |                                                             |                                                       |  |
|                               | KTE MOTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Inc.                   |                                                   |                        |                                                             |                                                       |  |
| 2. Principal Office           | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. Mailing Office      | 3. Mailing Office Address                         |                        |                                                             |                                                       |  |
| 935NE 4TH AVE                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>               |                                                   |                        |                                                             |                                                       |  |
| Suite, Apt. #, etc.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suite, Apt. #, etc.    |                                                   | 41-11                  |                                                             | <u> </u>                                              |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . ,                    |                                                   |                        | 4. Date incorporated or Qualified To Do Business in Florida |                                                       |  |
| City & State                  | r. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City & State           |                                                   | 5. FEI Numbe           |                                                             | Applied For                                           |  |
| FTLANDE                       | ERDYNE PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 71                     |                                                   | 65-06                  | 91679                                                       | Not Applicable                                        |  |
| 3320K                         | Country  BROWARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Zip                    | Country                                           | 6.<br>CERTIFICATE      | OF STATUS DESIRED S8.                                       | 75 Additional Fee required or a Certificate of Status |  |
| J <u>J J - 7 -</u>            | BIN AIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7 Name                 | and Address of Current Registe                    | rad Anant              |                                                             | <del> </del>                                          |  |
| ]                             | E TRWIN et Address (P.O. Box Number is N 7737 e, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | K(um<br>ot Acceptable) | 79 AVE                                            | 60                     | 00003440<br>-10/26/000<br>****150.00                        | 1064O <b>p</b> 3                                      |  |
| City                          | TAMARAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17"                    |                                                   |                        | State Zip Code 3332                                         | 1                                                     |  |
| 8. I, being appoint           | ed the registered agent of the abo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ve named corporation   | n, am familiar with and accept the                | obligations of section | on 607.0505 or 617.0503, F.S                                | -                                                     |  |
| Signature of Registered Agent | Maria Krus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EGISTERED AGENT        | MUST SIGN                                         |                        | Date/8                                                      | ອ <i>ປ</i>                                            |  |
| 9. Names and Str              | reet Addresses of Each Officer and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d/or Director (Florida | nonprofit corporations must list at l             | east 3 directors)      |                                                             |                                                       |  |
| Titles                        | Name of<br>Officers and/or Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | Street Address of Each<br>Officer and/or Director |                        | City / State / Zip                                          |                                                       |  |
| PRES MO                       | SHE EVRON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                      | 0750 N.W.16                                       | TH CT                  | PLANTATIO                                                   | w FL 33 322                                           |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                   | <b>.</b> 60            | 10003440<br>-10/26/000<br>****150.00                        | 5369<br>1064004<br>****150.00                         |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                   | ,                      | H                                                           | Rups                                                  |  |
|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                   | و د يوسو               | چې د د د د د د د د د د د د د د د د د د د                    | X                                                     |  |

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 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.

| M 08 | He | EV | RO | ν |
|------|----|----|----|---|
|      | -  |    |    |   |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-2000 Date

Daytime Phone #

October 4, 2000

935 N.E. 4TH AVE. FT. LAUDERDALE, FL. 33304

> Phone (954) 763-9555 Fax (954) 763-9541

Katherine Harris Secretary of State P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: ACCURATE MOTORS, INC.

Ref. Number: P96000074967

We have received your document Letter Number: 800A00050725 and would like to elaborate on our differences.

The above listed corporation's accountant Mr. Sydney Gursey P.A. had passed away with mail being sent to the deceased address. Due to that fact Accurate Motors, Inc. never received notification of the corporation being dissolved or its certificate of authority being revoked.

The current accountant who should be on file in your records is: Mr. Irwin Krum P.A. 7737 N.W. 79 AVE. Tamarac, FL 33321

We have enclosed a check for the amount of \$300.00 for the reinstatement for 1999, and 2000.

If you have any questions please call Mr. Krum at (954) 720-6526 or Accurate Motors, Inc. at (954) 763-9555.

Moshe Evron

President