

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 3:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 797000039262

1. Corporation Name

SURE Ride Motors Inc

Principal Place of Business

Mailing Address

2160 N.W. 79 St. Miami, FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 5/2/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number 63-0752538

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for JOANNE LONGMAN, 10120 S.W. 114 ST, Miami FL 33147.

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REINSTATEMENT 98-00 LITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

America lawyers Cord Jabler c/o 2160 N.W. 79 St Miami, FL 33147

Name Joanne Longman Street Address 2160 N.W. 79 St Suite, Apt. #, Etc. - City Miami State FL Zip Code 33147

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

Date

12/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE LONGMAN

Date

12/16/99 (305) 778-2600

Daytime Phone #