PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **PPROVED** FLORIDA DEPARTMENT OF STATE **APPLICATION** AND Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 1998 NOV 19 PH 1: 58 P97000095963 DOCUMENT # BECRETARY OF STATE 1. Corporation Name THE AUTOMOTIVE INSIDER, INC. (98 Principal Place of Business Mailing Address 20547 OLD CUTLER ROAD 20547 OLD CUTLER ROAD SUITE 227 SUITE 227 MIAMI FL 33189 MIAMI FL 33189 Scc 11-19-98 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 Date Incorporated or Qualified To Do Business in Florida 11/07/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable Country Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) 8865 SW 19778 PRES MIAMI, FL 33157 Kobert 800002705948--12/08/98--01039--010 ****750.00 ****750.U0 _ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name JONES, ROBERT W JR. Street Address (P.O. Box Number is Not Acceptable) 8865 S.W. 197TH TERRACE Suite, Apt. #, Etc. **MIAMI FL 33157** Zip Code 10. I, being appointed the registered agent of the above name ed corporation am famillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 役EQUIRED REGISTERED AGENT MUST SIGN 11. This corporation owes of has paid the current year (See other side for Information on intangible tax.) Yes W No L Intangible Personal Property tax due June 30. 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 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 lave the same legal effect as if made under oath. 1/-/3-9 Davtime Phone

NAME OF SIGNING OFFICER OR DIRECTOR