PLASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
REINS	PORATION TATEMENT	<b>K</b> a Se	EPARTMENT OF STATE atherine Harris excretary of State on of Corporations		SECRETA TALLAHAS	RY OF STATE SEE, FLORIDA	<b>?</b> '.
1. Corporation	MENT# P98000 on Name et Wheels	0588 Inc.	13 20)	<b>3</b> R 00		<b>70558</b> 0 5/0101028- 50.00 ****	
	Office Address  Panama City Beuch Phetc.	3. Mailing Office	Same		porated or Qualifie		
City & State Panam Zip 32407	na City Beach FL.	City & State	Country	5. FEI Numbe 593	OF STATUS DESIR	\$8.75 Addition	Applied For Not Applicable nal Fee required cate of Status
Name Stephen P. White  Street Address (P.O. Box Number is Not Acceptable)  13 415 Panama City Beach Phwy  Suite, Apt. #, Etc.  City Panama City Beach  State Zip Code  FL 32407  8. I, being appointed the registered agant of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Ag	Sta	P 4 EGISTERED AGEN	Shile	e obligations of secur		0/30/ <sub>3</sub> /	CR2E081 (9/00)
9. Names ar	nd Street Addresses of Each Officer and	t/or Director (Florid	<del></del>				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
17	Stephen Publite		13415 Panama City Beach PKWY		_t_ana	ma-City-l	rech
T	Paul C White		Same				
D	Anne L White		Same				
$\supset$	Norma s White		Same				1
					~		
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.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #							
SIGNATU	JRE: SIGNATURE AND TYPED OR PR	MILED NAME OF SIG	Faul CWhit	c 10/3	0/0/ 8	50 233 0 Daytime Phone #	9//

TO: STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE FL 32314 0CTOBER 30, 2001

PLEASE FIND ATTACHED OUR REQUEST FOR REINSTATEMENT AND OUR CHECK FOR \$150.00. WE ASK THAT WE BE REINSTATED AS A CORPORATION BECAUSE WE DID NOT RECEIVE: THE APPROPRIATE NOTICES. NO DOUBT THIS WAS DUE TO OUR MOVE OF THE OFFICIAL CORPORATE OFFICES.

THANKS FOR YOUR HELP IN RESOLVING THIS MATTER. WE HAVE OF COURSE FILED THE APPROPIATE TAX FORMS INCLUDING THE FLORIDA INTANGIBLE TAX FORMS.

PAUL WHITE, TREASURER

JET WHEELS INC

13415 PANAMA CITY BEACH PKWY

PANAMA CITY FL 32407

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