| PLEASE READ | ALL INSTRUCTIONS | BEFORE (| COMPLETING THIS FORM. | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|-----------------------------------------------------------|--|--|
| AFPLICATION A | FLORIDA DE RIN | NT OF STATE | | | |
| FOR | | larris | <u> </u> | | |
| REINSTATEMENT | VIII E C RPC | PRATIONS | FILED. | | |
| DOCUMENT # P98000 | 0074295 | | 01 JAN 24 PM 2: 05 | | |
| 1. Corporation Name | | | | | |
| JD MOTORS, INC. | | | SECRETARY OF STATE TALLAHASSEE: FLORIDA | | |
| Discoul Discoul Discoul | | ., | | | |
| Principal Place of Business Mailing Address | | | | | |
| 1971 NW 7 AVE 1971 NW 7 AVE MIAMI FL 33136 MIAMI FL 33136 | | | | | |
| If above addresses are incorrect in any one in the state of the state | | | Unula amistala \$150.0 | | |
| 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 | | |
| Suite, Apr #, etc. | Suite, Apt. #, etc. | | To Do Business in Florida 08/25/1998 | | |
| Gity & State Higher Florida | City & State | | 5. FEI Number Applied For Not Applicable | | |
| Zip 33136 Country | Zip Count | ry | 6. \$8.75 Additional Fee required | | |
| 7. Names and Street Addresses of Each Officer and/o | or Director. (Florida nonprofit comor | ations must list at loa | CERTIFICATE OF STATUS DESIRED for a Certificate of Status | | |
| Name of Officers Title(s) and/or Directors | Str | reet Address of Each | 1 | | |
| 1 2 | 3 | | 4 | | |
| PD DIAZ, JUAN | 1971 NW 7 AVE | | MIAMI FL 33136 | | |
| Sec Hayde'e DIA | 2 /9771 | 1.11 21 | AVE. MIAMI: Pl.3313L | | |
| | | 7,00. 91. | 30C. 10/1/1-17. p/.53131 | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | L8 | | |
| 8. Name and Address of Current Registered Agent | | Name and Address of New Registered Agent | | | |
| 1971 NW 7 AVE MIAMI FL 33136 Suite, Apt. #, E | | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | Suite, Apt. #, Etc. | | | |
| City | | | State Zip Code | | |
| 10. I, being appointed the registered agent of the abov | e named corporation, am familiar w | th and accept the ob | oligations of Section 607.0505, F.S. | | |
| Signature of Registered Agent Date 11-4-2000 | | | | | |
| | | | | | |
| 11. 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: Haydee Diag. 11-4-2000 | | | | | |
| SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # | | | | | |

NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-0934250
FORM: SS-4
0716930775 B

700

FOR ASSISTANCE CALL US AT: 1-800-829-1040

J & D MOTOR INC 1971 NW 7TH AVE MIAMI FL 33136

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0934250. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

"Use your-complete-name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120

01/15/2000

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 08-11-1999. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.