


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		
<b>DOCUMENT #</b> <u>P990000 30333</u>		<b>FILED</b>  07 APR 27 AM 10:12  SECRETARY OF STATE TALLAHASSEE, FLORIDA  800101572558 05/04/07--01009--003 **458.75 <b>REINSTATEMENT</b> 05-07 CR2E081 (1/07) <i>PSK</i>		
<b>1. Corporation Name</b> <u>Wheels International, Inc.</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>  <b>5. FEI Number</b> <u>59-3567974</u> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/></td><td style="width: 20%;"><b>\$8.75 Additional Fee required for a Certificate of Status</b></td></tr></table>	<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>
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<b>2. Principal Office Address - No P.O. Box #</b> <u>1411 U.S. 19</u> <small>Suite, Apt. #, etc.</small>	<b>3. Mailing Office Address</b> <u>1411 U.S. 19</u> <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> <u>HOLIDAY FL.</u>	<b>City &amp; State</b> <u>HOLIDAY FL</u>			
<b>Zip</b> <u>34691</u> <b>Country</b> <u>PASCO</u>	<b>Zip</b> <u>34691</u> <b>Country</b> <u>PASCO</u>			
<b>7. Name and Address of Current Registered Agent</b>		<div><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div>		
<b>Name</b> <u>Ralph Triggiano</u>				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>9022 Easthaven Ct.</u>				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> <u>New Port Kichey</u>	<b>State</b> <u>FL</u> <b>Zip Code</b> <u>34653</u>			
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>				
<b>Signature of Registered Agent</b> <u><i>Ralph Triggiano</i></u>		<b>Date</b> <u>4-27-07</u>		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
<u>PRES</u>	<u>Ralph Triggiano</u>	<u>9022 Easthaven Ct</u>	<u>New Port Kichey FL</u> <u>34653</u>	
<b>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 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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b> <u><i>Ralph Triggiano</i></u>		<b>Date</b> <u>4-27-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		