

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000030333**

1. Corporation Name

WHEELS INTERNATIONAL, INC

400023715614
10/10/03--01002--013 **158.75

2. Principal Office Address

1411 U.S. HIGHWAY 19

Suite, Apt. #, etc.

3. Mailing Office Address

1411 U.S. HIGHWAY 19

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

Zip

34691

Country

USA

Zip

34691

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/99

5. FEI Number

593567974

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RALPH TRIGGIANO

Street Address (P.O. Box Number is Not Acceptable)

1411 U.S. HWY 19

Suite, Apt. #, Etc.

City

HOLIDAY, FL

State

FL

Zip Code

34691

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/9/03**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	RALPH TRIGGIANO	9022 EASTHAVEN CT	Newport Richey, FL 34653
V	GINO TRIGGIANO	1411 U.S. Hwy 19	Holiday, FL 34691

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (727-942-6882)

Daytime Phone #

CR2E081 (10/02)

WHEELS INTERNATIONAL, INC.

**1411 U.S. 19
HOLIDAY, FLORIDA 34691
727-942-6882**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 9, 2003

Florida Department of State, Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

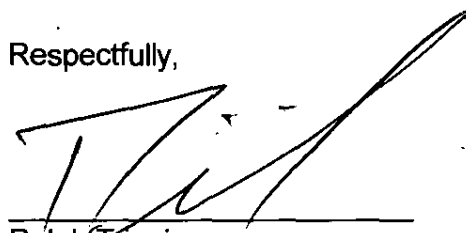
Re: Reinstatement of corporation

Gentlemen:

Our corporate return is late because we never received our renewal in the mail. We were totally unaware that it had expired until today when we needed to check our status and obtain a status report in order to file an action in Pasco County Court. It was only then that we became aware that the status had expired and we have taken every step to correct this and file the attached renewal/reinstatement immediately.

We respectfully request a waiver of the late fees. Thank you.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ralph Friggiano', written over a horizontal line.

Ralph Friggiano
Wheel International, Inc.