## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Glenda E. Hood FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P99000040286 DOCUMENT # 1. Corporation Name COHIBA MOTORSPORT INC. Hemstatement 07-04 Principal Place of Business Mailing Address 5800 NW 27 AVE 5800 NW 27 AVE MIAMI FL 33142 MIAMI FL 33142 500023751815 02/09/04--01055--021 \*\*150.00 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 05/04/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0916414 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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 Title(s) City / State / Zip and/or Directors Officer and/or Director PD FROMETA, HERMINIO 8600 SW 149TH AVENUE #607 **MIAMI FL 33193** 500023751815 10/13/03-01073-018 \*\*150.00 8. Name and Address of Current Registered Agent ----9. Name and Address of New Registered Agent Name FROMETA, HERMINIO Street Address (P.O. Box Number is Not Acceptable) 8600 SW\_149 AVE Suite, Apt. #, Etc. MIAMI FL 33193 City State Zip Code 10. I, being appointed the registered abent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617,0505, F.S. 1786) 344-4432. Signature of Registered Agent REGISTERED AGENT MUST SIGN

Hicer 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, any my signature shall have the same legal effect as if made under oath.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## COHIBA MOTORSPORT INC 5800 NW 27 Ave Miami, FI 33142

February 20, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida.32314

Re: 2003 Uniform Business Report Document # - P99000040286

To whom it may concern,

Our company never received the original Annual Business Report.

I am a small business owner and during these tought economic times would appreciate your acceptance and reinstatement of the corporation.

Your help is greatly appreciated.

Sincerely,

Herminio Frometa President