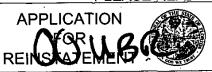
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCL	JMENT 7	# {
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S55159

1. Corporation Name

SPEEDWAY PRINTING INC.

Principal Place of Business

Mailing Address

12815 NW 45 AVE OPA LOCKA FL 33054 12815 NW 45 AVE OPA LOCKA FL 33054



FILED DIVISION OF CORPORATIONS

00 DEC -1 AM 10: 00

If above a	ddresses are incorrect in any way, line	through incorrect in	nformation and ent	ter correction below.	1			
	New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 05/24/1991			
Suite, Apt. #, etc. Suite, Apt. #, etc.		, etc.	tc. 5. Fi		65-0269861	Applied For		
City & State City & State						65-0269867 Not Applicable		
Zip	Country	Zip	Cou	untry	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer	ind/or Director (Flo	orida nonprofit con	porations must list at	least 3 directors)			
Title(s)	Name of Officers		3	Street Address of Each Officer and/or Director		City / State / Zip		
PDST	CHATILA, AHMAD		12815 NW 45	AVE		OPA LOCKA FL 33054		
VP	ITANI, MOHAMAD		12815 NW 45	AVE		OPA LOCKA FL 33054		
S	CHATILA, YAQULIN	, YAQULIN 12815 NW 45 AVE				OPA LOCKA FL 33054		
					50	10003500 -12/13/000 4 ****150.00	3552 1100015 ****150.00	
					Bla	/\0		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
ITANI, MOHAMAD					Name Ahmad Chatila Street Address (P.O. Box Number is Not Acceptable)			
			19410	19410 N.W 62nd Place				
OPA LOCKA FL 33054			Suite, Apt. #, E	Suite, Apt. #, Etc.				
	,		_		awi.	FL State	33°015	
10. I, bein	g appointed the registered agent of the	above named corp	potation, am famili			ion 607.0505, F.S.		
Signature e Registered	of I Agent <u>• SIGN</u>	A TUKEDA	GENT MUST SIGI	UIRED	<u> </u>	Date 4 - 7	-00	

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 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:

SICIAL AND TOPED RESIDENCE OF DIRECTOR

11-44-04

305 481-388

Date

Daytime Phone #



GABOL Screen Printing Co.

November 14, 2000

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

Dear Sir or Madam:

Recently, While reviewing our records, we discovered that our payment to your office, mailed on 3/14/2000 had not cleared our bank. After further review and a call to your office, we were informed that your office in fact had not received our check, so we have re-sent today a replacement check in the amount of \$150.00.

Also enclosed is a copy of the first payment we sent back in March.

We regret any inconvenience that our lost check may have caused.

Sincerely

Ahmad Chatila President

12815 N.W. 45 Avenue . Miami, FL 33054 . Tel. (305) 681-3882