

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 03 OCT 15 PM 1:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000061557**

1. Corporation Name

**AMERICAN FLORIDA VALET, INC.**

Principal Place of Business

Mailing Address

3325 GRIFFIN RD #183  
 FT LAUDERDALE FL 33312

3325 GRIFFIN RD #183  
 FT LAUDERDALE FL 33312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/03/2002

5. FEI Number

16-1621483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VELARDE, JAIME	3325 GRIFFIN RD #183	FT LAUDERDALE FL 33312

300023977243  
 10/27/03 01087 012 \*\*\*150.00

*JA Velarde*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELARDE, JAIME  
 3325 GRIFFIN ROAD, #183  
 FORT LAUDERDALE FL 33312

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Jaime Velarde*  
 REGISTERED AGENT MUST SIGN

Date *10/13/03*

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: *Jaime Velarde*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/13/03* Daytime Phone # *(954) 452-60*

CR2E040 (7/03)

**AMERICAN FLORIDA VALET INC.**  
**(800) 822 – PARK**

**October 13, 2003**

**To: Florida Dept. of State**

**From: American Florida Valet Inc.**

**To Whom It May Concern:**

**There was an error in communication regarding our status in Florida. We have just received a notice for dissolution last Friday. We had not received a bill any sooner. As a small business owner I can only afford to pay \$150.00 for reinstatement fee. However, if \$750.00 is required of course, we will have no choice but to pay this. But because we did not receive the bill and had no knowledge of the problem, we feel it is only fair to pay the \$150.00 fee, as our intentions were to continue doing business in the state of Florida.**

**Please find the following to be two checks for different scenarios:**

- (1) \$750.00 if this letter is rejected as a viable excuse.**
- (2) \$150.00 if this letter poses a good argument (Which we feel it does)**

**Please return the check that is not used in the self-addressed envelope that has been provided to our offices.**

**If you should have any questions, please feel free to contact us at (800) 822-PARK.**

**Thank you for your consideration,**

  
**Jaime Velarde**