

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000154143**

1. Corporation Name

E-Z TO BUY CARS, CORP.

2. Principal Office Address

2728 NW 32ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

3. Mailing Office Address

8701 NW 32ND AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/19/2003

5. FEI Number

☒ 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

MARIA E. PORRAS

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

2728 NW 32ND AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

Date **DECEMBER 28, 2004**

REGISTERED AGENT MUST SIGN

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
PD	MARIA E. PORRAS	2728 NW 32ND AVENUE	MIAMI, FL 33142
VP	CARLOS PORRAS	2728 NW 32ND AVENUE	MIAMI, FL 33142

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-2004

Date

Daytime Phone #

FILED

04 DEC 30 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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MRD

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