

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT #P05000108922**

1. Entity Name  
**ELIMAR TRAFFIC SCHOOL INC**



**FILED**

**06 DEC -4 AM 10:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**606 E 9 ST  
HIALEAH, FL 33010 FL**

Mailing Address  
**606 E 9 ST  
HIALEAH, FL 33010 FL**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



4. FEI Number  
**203196954**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PINEDA, MARIA D  
4525 E 9 CT  
HIALEAH, FL 33013**

7. Name and Address of New Registered Agent  
Name **ELIZABETH VILLOT**  
Street Address (P.O. Box Number is Not Acceptable)  
**661 east 9 street**  
City **hialeah, FL** Zip Code **33010**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ELIZABETH VILLOT (manager)** *Elizabeth Villot* **10-22-2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

|                                                |                                                                |                                 |
|------------------------------------------------|----------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PINEDA, MARIA D<br>4525 E 9 CT<br>HIALEAH, FL 33013       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>VILLOT, ELIZABETH<br>995 SE 3 PLACE<br>HIALEAH, FL 33010 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                                                |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGER<br>ELIZABETH VILLOT<br>661 EAST 9th Hialeah FL 33010                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGER<br>Elizabeth Villot<br>100081372821<br>V. 1061 10/31/06--01037--018 ***150.00<br>661 E. 8th Street<br>Hialeah FL 33010 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100081372821<br>12/04/05--01050--007 ***500.00                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Villot* **10-22-06 305-8057322**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**B. Mitchell DEC - 4 2006**