

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 26 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092924**

1. Corporation Name

A+H C.A.R.S. Inc.

2. Principal Office Address

2600 D Florida Av.

Suite, Apt. #, etc.

City & State

W.P.B. FL.

Zip

33401

Country

U.S.A.

3. Mailing Office Address

2600 D Florida Ave

Suite, Apt. #, etc.

City & State

W.P.B. FL.

Zip

33401

Country

U.S.A.

REINSTATEMENT 97-03

4. Date Incorporated or Qualified
To Do Business in Florida

1-2-15-1994

5. FEI Number

650539787

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

Henry Gutierrez

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

864 E. Dolphin Ridge rd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-18-03

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
P	Henry Gutierrez	864 E. Dolphin Ridge rd.	W.P.B. FL. 33406
V	Jose M. Torres	" "	" "
S	Elizabeth Gutierrez	" "	" "
T	Ana Torres	" "	" "

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] **Henry Gutierrez**

6-18-03 (561) 659-1788

Date

Daytime Phone #

CR2E081 (10/02)

6/26