

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -8 PM 5:27

DOCUMENT # **F99000002866**

1. Corporation Name

**CAR CARE PARTS CORP.**

Principal Place of Business

% CORTEC GROUP FUND II. L.P.  
200 PARK AVE.  
NEW YORK NY 10166

Mailing Address

% CORTEC GROUP FUND II. L.P.  
200 PARK AVE.  
NEW YORK NY 10166



**REINSTATEMENT**

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**5100 WEST HANNA AVE.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**5100 WEST HANNA AVE**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/03/1999**

5. FEI Number

**13-4061333**

Applied For

Not Applicable

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PC	KAYES, NEAL A	200 PARK AVENUE	NEW YORK NY 10166
VS	SCHNADIG, DAVID L	200 PARK AVENUE	NEW YORK NY 10166
VAS	BERG, ROGER E	200 PARK AVENUE	NEW YORK NY 10166

**500003482073--6**  
-11/30/00--01106--018  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*Vicky Goldstein*

**VICKY GOLDSTEIN**

**SPECIAL ASSISTANT SECRETARY**

Date **11-6-00**

REGISTERED AGENT MUST SIGN

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.

**AD**

SIGNATURE:

*Neel A. K...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #