

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 25 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G45071**

1. Corporation Name

CAR SAN CONSTRUCTION, INC

2. Principal Office Address

192E 14ST

Suite, Apt. #, etc.

City & State

Hialeah Florida

Zip

33010

Country

USA

3. Mailing Office Address

192E 14ST

Suite, Apt. #, etc.

City & State

Hialeah Florida

Zip

33010

Country

USA

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1983

5. FEI Number

591095334

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

JOSE A. OVIEDO

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

192E 14ST

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

200031199202

03/25/04--01046--021 **1508.75

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]

Date

3/23/04

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
D	JOSE A. OVIEDO	192E 14ST	Hialeah Florida 33010

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]

JOSE A. OVIEDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

Date

(305) 884-2939

Daytime Phone #

CR2E081 (01/04)