


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G97902

1. Corporation Name
MIAMI GARDENS PROFESSIONAL CAR CARE, INC

#1050-00

2. Principal Office Address
1700 NW 183 ST,

3. Mailing Office Address
20580 NE 6 COURT

REINSTATEMENT

02-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State MIAMI, FLA 33056

City & State MIAMI, FLA 33179

4. Date Incorporated or Qualified To Do Business in Florida 4/9/84

5. FEI Number

Applied For

592531140

Not Applicable

Zip 33056

Country USA

Zip 33179

Country USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK STANLEY

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

1700 NW 183 ST, MIAMI, FLA 33056

400033231164

Suite, Apt. #, Etc.

04/21/04 - 01009 - 003

**2902.50

City

MIAMI

State

FL

Zip Code

33056

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent

Mark Stanley
REGISTERED AGENT MUST SIGN

Date

4/14/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| PRES | MARK STANLEY | 20580 NE 6TH COURT | MIAMI, FLA 33179 |
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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:

Mark Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

4/14/04

Date

305 934 0398

Daytime Phone #

CR2EDB (10/02)

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