

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 3:33

DOCUMENT # H58050

1. Corporation Name

G-CAR INC.

2. Principal Office Address

245 West 74 Place

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

Country

Miami-Dade

3. Mailing Office Address

Same as Business

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2550901*

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

Gerardo Cabrera

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

245 West 74 Place

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33014

300004669853--3

11/06/01--0091--007

***150.00 ***150.00

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**

Gerardo Cabrera

Date 10-18-01

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
	PTD Cabrera, Gerardo	820 West 36 Street	Hialeah, FL
	VD Carlos Cabrera	820 West 36 Street	Hialeah, FL

AD

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.

GERARDO CABRERA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-01

Date

(305) 362-5181

Daytime Phone #

CR2001 (9/00)