

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 24 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90137**

1. Corporation Name

LAKE WORTH AUTOTECH, INC

2. Principal Office Address

901 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

901 S. Dixie Hwy
Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

City & State

Lake Worth, FL

Zip

33460

Country

USA

REINSTATEMENT 89-03

800017111938
04/28/03--01005--001 **2592.50

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1985

5. FEI Number

59-2629091

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

KARIM, ANVER

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

901 S. DIXIE HWY

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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

Anver Karim

REGISTERED AGENT MUST SIGN

Date **4/21/2003**

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/P	KARIM, ANVER	1926 RAMSEY DR	LAKE WORTH, FL 33461
D	KARIM, NAZLIN ANVER	1926 RAMSEY DR	LAKE WORTH, FL 33461

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:

Anver Karim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2003
Date

Daytime Phone #

CP2E081 (10/02)