

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LS3176**

1. Corporation Name

Detroit Motors Corp.

Principal Place of Business

Mailing Address

**324 W. Pine Street, #12
Lantana, FL 33462**

**324 W. Pine Street, #12
Lantana, FL 33462**

REINSTATEMENT

1991 -
1996

mwb
11-20-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Ari Lantea	324 W. Pine Street, #12	Lantana, FL 33462
D	Jukka Seppanen	324 W. Pine Street, #12	Lantana, FL 33462

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-11/21/96-01097-012
***1236.25 ***1236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ray Kumpulainen
1736 Lake Worth Road
Suite 5-5
Lake Worth, FL**

Name

Jukka Seppanen

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

324 W. Pine Street

Suite, Apt. #, Etc.

#12

City

Lantana

State

FL

Zip Code

33462

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-31-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Jukka Seppanen

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR COMPLETED BY SIGNING OFFICER OR DIRECTOR

10-31-96

(561)582-5278

Date

Daytime Phone #