

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**DOCUMENT # P00000084832**

1. Corporation Name

**THE CAR PORT SPECIALISTS INC.**

Principal Place of Business

Mailing Address

9797 S ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32837

9797 S ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32837

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/08/2000

5. FEI Number

59-3746350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director | 4<br>City / State / Zip   |
|---------------|--|---|---|
| owner         | David Cuvilje                          | 11017 Cayana Blvd                                   | Orlando, FL 32837   |
|               |  |   | 900005110959--4<br>-03/15/02--01049--024<br>*****8.75 *****8.75     |
|               |  |   | 900005110959--4<br>-03/15/02--01049--025<br>*****150.00 *****150.00 |
|               |  |   |   |
|               |  |   |   |
|               |  |   |   |

8. Name and Address of Current Registered Agent

CUVILJE, DAVID  
 9797 S ORANGE BLOSSOM TRAIL  
 ORLANDO, FL 32837

9. Name and Address of New Registered Agent

Name: David Cuvilje  
 Street Address (P.O. Box Number is Not Acceptable):  
 Suite, Apt. #, Etc.:  
 City: Orlando, FL State: FL Zip Code: 32837

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

REGISTERED AGENT MUST SIGN

Date 10/12/01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CUVILJE

Date

Daytime Phone #

10/12/01 407 886-2276

CR2E040 (801)

TCP

The Car Port Specialists Inc.

9793 S. Orange Blossom Tr.

Orlando, FL 32837

02/10/02

To Whom this may concern:

I ask if you would please waive the 600.00 fee, because we did not receive document within time status to make the corrections. Thank-You

Owner: David Cuvilje

