

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000084832

1. Entity Name  
THE CAR PORT SPECIALISTS INC.



Principal Place of Business  
9797 S ORANGE BLOSSOM TRAIL  
#16, 17, 18  
ORLANDO, FL 32837

Mailing Address  
9797 S ORANGE BLOSSOM TRAIL  
#16, 17, 18  
ORLANDO, FL 32837

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CUVILJE, DAVID  
STREET ADDRESS 9797 S. ORANGE BLOSSOM TRAIL  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/07

Date

4079279547

Daytime Phone #

FILED

07 OCT 24 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1019200 REIN-R CR2E0981/07

REINSTATEMENT

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4. FEI Number  
59-3746350

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required