

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 21 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004798

1. Corporation Name

SMALING CAR SALES, CORP.

600009155576
11/21/02--01103--016 **158.75

2. Principal Office Address

7300 NW 27th Ave.

3. Mailing Office Address

P.O BOX 420867

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

Zip

33242

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2001

5. FEI Number

65-1068618

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

ELIAS VALDEZ

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

7300 NW 27th Avenue

Suite, Apt. #, Etc.

n/a

City

MIAMI

State

FL

Zip Code

33147

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

Date Nov/10, 2002

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
PVTS	ELIAS VALDEZ	7300 NW 27th Avenue	Miami, FL 33147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02 (305) 696-1212

Date

Daytime Phone #

CR2E081 (9/01)

gt 11/25

SMALING CAR SALES, CORP.

P.O. BOX 420867

MIAMI, FL 33142

November 10, 2002

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

RE: DOCUMENT # P01000004798

Dear Sir or Madam:

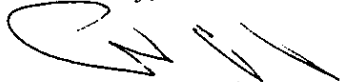
By this I want to request the waiver of penalties to reinstate my Corporation, because I never got the URB form to keep active the Corporation Registration with the Division Of Corporations.

Attached I am sending a Money Order for the amount of \$158.75 to cover the fees for the URB 2002 and a certificate of status.

I hope you understand me and help to keep my business active, even is known that after September 11, 2001, most of the business are in difficulties due to the market crisis, and we are trying to survive.

I will be waiting your kind reply to my request. Thanks in advance.

Sincerely,



ELIAS VALDEZ
President/Secretary