

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000012035**

1. Corporation Name

MOTORCAR INN, INC.

Principal Place of Business

1181 MORSE BLVD.
SINGER ISLAND FL 33404

Mailing Address

1181 MORSE BLVD.
SINGER ISLAND FL 33404

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number **56-2379904**
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



700025071047
11/26/03--01049--001 **750.00

REINSTATEMENT 03

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HASKINS, RHCARD V	1181 MORSE BLVD.	SINGER ISLAND FL 33411

8. Name and Address of Current Registered Agent

VALDES FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **RICHARD J. HASKINS**
Street Address (P.O. Box Number is Not Acceptable)
1181 MORSE Boulevard
Suite, Apt. #, Etc.

City
Singer Island

State
FL

Zip Code
33404

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-14-2003**

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

10-14-2003 5618441131

Date

Daytime Phone #

CR2E040 (7/03)