

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:54

DOCUMENT # P01000035029

1. Corporation Name

CARS & CARS, INC.

Principal Place of Business

15675 SOUTHWEST 84TH TERRACE  
#901  
MIAMI FL 33193

Mailing Address

15675 SOUTHWEST 84TH TERRACE  
#901  
MIAMI FL 33193

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

2. New Principal Office Address, If Applicable

10726 SW 148 CT  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10726 SW 148 CT  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33196 Country

Zip

33196 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/2001

5. FEI Number

65-1092725

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	QASMI, MOHAMMED A	15675 SOUTHWEST 84TH TERRACE #90	MIAMI FL 33193

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name MOHAMMED ASIM QASMI  
Street Address (P.O. Box Number is Not Acceptable)  
10726 SW 148 CT  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33196

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

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date 10/28/02

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2040 (8/02)