

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ISAAC'S AUTO CARE, INC

2. Principal Office Address

10715 SW 190TH STREET

Suite, Apt. #, etc.

BAY 28

City & State

MIAMI, FL

Zip

33157

3. Mailing Office Address

10715 SW 190TH STREET

Suite, Apt. #, etc.

BAY 28

City & State

MIAMI, FL

Zip

33157

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/2001

5. FEI Number

65-1128704

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

ISAAC, ANDRE

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

10715 SW 190TH ST.

Suite, Apt. #, Etc.

BAY 28

City

MIAMI

400038845884

07/07/04 01072 016 **300.00

State Zip Code

FL 33157

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

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
PRES	ISAAC, ANDRE	10715 SW 190TH STREET BAY 28	MIAMI, FL 33157

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

ANDRE ISAAC

Date

305-786-242-4007

Daytime Phone #

202

ISAAC'S AUTO CARE, INC
10715 SW 190TH ST BAY 28
MIAMI, FL. 33157
TEL: 786-242-4007

February 20, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee Florida, 32314

Ref: Reinstatement
Federal I.D. Number: 65-1128704
PO1000080812

Recently I applied for a professional license and was declined because the State of Florida revealed that my corporation is inactive and was dissolved because of an annual report was not received.

I did not realize that I had to file an annual report, and I never received any notification that I was obligated to do so.

Therefore, under these circumstances, I am requesting reinstatement and a waiver of penalty.

Please find enclosed my check in the amount of \$300.00

Very truly yours



Andre Isaac