

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 27 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080812

1. Corporation Name

Isaac's Auto Care, Inc

2. Principal Office Address - No P.O. Box #
10715 SW 190th St

3. Mailing Office Address
10715 SW 190th St

Suite, Apt. #, etc.
Bay 28

Suite, Apt. #, etc.
Bay 28

City & State
Miami FL

City & State
Miami FL

Zip
33157

Country
Dade

Zip
33157

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida 08/13/2001

5. FEI Number
651128704

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
Andre Isaac

Street Address (P.O. Box Number is Not Acceptable)
10715 SW 190th Street

Suite, Apt. #, Etc.
Bay 28

City
Miami

State
FL

Zip Code
33157

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Andre Isaac
REGISTERED AGENT MUST SIGN

Date 6-5-07

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	Andre Isaac	10715 SW 190th St. Bay 28	Miami, FL 33157

900121442509
03/27/08--01036--017 **\$600.00

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 contained in Chapter 119, 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:

Andre Isaac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-5-07 786-242-
4007

B. Mitchell MAR 27 2008