

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 DEC 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089924

1. Corporation Name

FASTIMPORTCARS INC.

Principal Place of Business

Mailing Address

1560 N. POWERLINE ROAD
SUITE B
POMPANO BEACH FL 33069

1560 N. POWERLINE ROAD
SUITE B
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2001

5. FEI Number

65-1143752

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHUGERMAN, MARK	2436 N FEDERAL HWY #370	LIGHTHOUSE POINT FL 33064
D	SWINTON, PAUL	2436 N FEDERAL HWY #370	LIGHTHOUSE POINT FL 33064
D	BIANCO, VINCENT	2436 N FEDERAL HWY #370	LIGHTHOUSE POINT FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUBIN, TODD
2436 N FEDERAL HWY #370
LIGHTHOUSE POINT FL 33064

Name Dubin, Todd
Street Address (P.O. Box Number is Not Acceptable)
2371 N.E. 12th Terr
Suite, Apt. #, Etc.

City Pompano Beach State FL Zip Code 33064

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]
REGISTERED AGENT MUST SIGN

Date 10-23-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-03

Daytime Phone #

CR2E040 (7/03)



1560 N Powerline Road
Suite B
Pompano Beach, FL 33069
Phone 954-532-Fast
Fax 954-969-7972
www.fastimportcars.com

November 14TH 2003

Florida Department Of State
Division of Corporations

Re: Application for Reinstatement

Dear Sir or Madam:

This letter is to inform you that we did not receive two prior business report notices. Enclose is our completed application for reinstatement and an updated address for the Registered Agent along with a check in the amount of \$150.00 per the instructions in the packet that we received.

Thank you,

A handwritten signature in cursive script that reads "Paul Swinton".

Paul Swinton
Secretary