## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000091249 DOCUMENT #

1. Corporation Name

UNDERCAR SPECIALISTS, INC.

Principal Place of Business

Mailing Address

2325 SOUTH RIDGEWOOD RD S DAYTONA FL 32119

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SECRETARY OF STATE TALLAHASSEE, FLORING



1,20

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						1 2000 MDM			
2. New Pri Mich Suite, Apt.	ncipal Office A	Address, If Applicable	New Mailing Office Address, If Applicable     Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida  09/13/2001			
249 Hannock oak Cs. City & State Debary Florida			City & State		1	59-3748918   Not Applicable			
3 <i>2</i> 7	13	Country USA	Zip		Country '	CERTIFICATE	E 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) Name of Officers and/or Directors						Street Address of Each Officer and/or Director		City / State / Zip	
D	D LARA, MICHAEL J			4831 PUBLIX RD			OVIEDO FL 32765		
		,							
					<u>.</u>	10/24/	000085 020108602	75990 4 **150.00	
	8. Name	e and Address of Current R	egistered Age	nt		9. Name and A	Address of New Regis	tered Agent	
Name						[ [			
LARA, MICHAEL J 4831 PUBLIX RD					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
OVIEDO FL 32765					Suite, Apt. #, Etc.				
					City	State Zip Code			
10. I, being	appointed the	registered agent of the abov	e named corpo	ration, am fa	amiliar with and accept the o	bligations of Secti	on 607.0505, F.S. or 61	17.0505, F.S.	
Signature of Registered	Agent <u>M</u>	LERIC PAR	SISTERED AG		QUIRED		Date	21-2002	
11. I certify	that I am an of	fficer or director or the receive	er or trustee en	powered to	execute this application as p	provided for in cha	upter 607 or 617, F.S. I f	urther 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:



**TO:** Florida Dept. of State

FROM: Undercar Specialists 2325 S. Ridgewood Ave. S. Daytona FL. 32119

I Michael Lara, owner of Undercar Specialists did not receive the form for reactivation.

Owner: Michael Lara

10/21/02 x. Michael Fara