

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -2 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000012585

1. Corporation Name

Americarr Inc

2. Principal Office Address - No P.O. Box #

11420 Fortune Cir

Suite, Apt. #, etc.

T2

City & State

Wellington, FL

Zip

33414

Country

U.S.A

3. Mailing Office Address

3732 Miramontes Cir

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

33414

Country

U.S.A.

REINSTATEMENT

CR2E081 (1/07)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3600086

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

Sohail Dadressan

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

3732 Miramontes Cir

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

☐ 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

REGISTERED AGENT MUST SIGN

Date

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
<u>Pres</u>	<u>Sohail Dadressan</u>	<u>3732 Miramontes Cir</u>	<u>Wellington, FL 33414</u>
	<u>11/10/4</u>		

800110173428
10/02/07--01020--014 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sohail Dadressan

Date

9/28/07

Daytime Phone #

561-308-3407



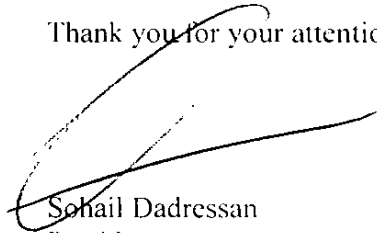
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 28, 2007

To Whom It May Concern:

Due to our move to our new location, we never received the enclosed form. Please note our new address at the bottom of the page. Enclosed is our application for restatement and a \$300.00 check.

Thank you for your attention on this matter.



Sohail Dadressan
President