

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000012930**

1. Corporation Name

**CEDRIC'S AUTO CARE SERVICE, INC.**

2. Principal Office Address

**250 NW 12TH STREET**

3. Mailing Office Address

**250 NW 12TH STREET**

Suite, Apt. #, etc.

**#1 BAY**

Suite, Apt. #, etc.

**#1 BAY**

City & State

**FLORIDA CITY, FL**

City & State

**FLORIDA CITY, FL**

Zip

**33034**

Country

**USA**

Zip

**33034**

Country

**USA**

**REINSTATEMENT**  
CR2E08T (12/05)

**04-06**

4. Date incorporated or Qualified  
To Do Business in Florida

**02/05/2002**

5. FEI Number

**01-0640352**

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

**T.L. COVERSON - ACCOUNTANT**

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

**9999 NORTHEAST 2 AVENUE - SUITE 218**

Suite, Apt. #, Etc.

**SUITE 218**

City

**MIAMI SHORES**

State

**FL**

Zip Code

**33138**

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

**June 29, 2006**

**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
PVST	CEDRIC SINCLAIR	250 NW 12TH STREET	FLORIDA CITY, FL 33034

**600077384326**

**07/12/06--01017--004 \*\*450.00**

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

Date

**June 29, 2006**

Daytime Phone #

**305-248-9191**

June 20, 2006

Ms. Marie Jacobs

**RE: CEDRIC AUTO CARE SERVICE, INC. – CORP. RESTATEMENT**

Ms. Jacobs,

Per review of my corporation's status by my accountant, **CEDRIC AUTO CARE SERVICE, INC.** has been administratively dissolved. I have not or had not received any correspondence regarding this matter.

Please find enclosed the following:

- Corporation Reinstatement – signed
- Corp. Fees - \$450.00

I hope that this will rectify the situation. Thank you in advance for your attention to this matter.

Truly yours,

Cedric Sinclair

Enclosures

Cc: Mr. T.L. Coverson