

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000052779

1. Corporation Name

U.S.A.C.A.R CORP

7636 NW 25 ST
3749 NORTH FEDERAL HWY

2. Principal Office Address

7636 NW 25 ST

Suite, Apt. #, etc.

N/A

City & State

MARGATE -FLORIDA

Zip

33063

Country

USA

3. Mailing Office Address

3749 NORTH FEDERAL HWY

Suite, Apt. #, etc.

N/A

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

REINSTATEMENT 03-04

900035163009

05/03/04--01015--011 **900.00

4. Date Incorporated or Qualified

To Do Business in Florida 05/09/2002

5. FEI Number

043662986

☒ 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

ODENIR ANTONIO MATTEVI

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

7636 NW 25 ST

Suite, Apt. #, Etc.

N/A

City

MARGATE -FLORIDA

State

FL

Zip Code

33063

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 05/18/04

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
P	ODENIR A MATTEVI	7636 NW 25 ST	MARGATE-FL 33063
S	CARLOS VELLOSO	1876 NE 53rd COURT	POMPANO BEACH-FL 33064

05/26

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/04

Date

954.270.3869

Daytime Phone #

CR2E001 (01/04)