

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000068426**

1. Corporation Name

CAR FASHION PLUS, INC.

Principal Place of Business

2040 NW 22ND AVE.
MIAMI FL 33142

Mailing Address

2040 NW 22ND AVE.
MIAMI FL 33142

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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2002

5. FEI Number

02-0620441

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 |
|---------------|---|--|--------------------------|
| PSTD | ARELLANO, EDUARDO | 11687 NW 89TH CT. | HIALEAH GARDENS FL 33018 |
| VD | LOPEZ, GUILLERMO | 2032 NW 22ND AVE. | MIAMI FL 33142 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

05-05-03 90301 006 \$150.00

12/10/28

8. Name and Address of Current Registered Agent

TORRES, JOSE G
8502 NW 198TH TERRACE
MIAMI FL 33015

9. Name and Address of New Registered Agent

| | |
|--|----------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State FL Zip Code |

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 10-17-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.17.03

Date

Daytime Phone #

CR2E040 (7/03)

Miami, October 20, 2003

Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Reference: Car Fashion Plus, Inc.
EIN 02-0620441

As per our phone conversation, I am submitting the Application for Reinstatement. I did not receive the correspondence from you on 05/18/03 about the EIN missing on the UBR Form. I am sorry we did not include the FEI Number as required on Block 5. Please waive the reinstatement fee.

Should you have any question, please contact me at (786) 256-4660

Eduardo Arellano.
President
Car Fashion Plus, Inc.