

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079768

1. Corporation Name

Automedic Car Care, Inc.

2. Principal Office Address

18641 SW 105 Place

Suite, Apt. #, etc.

Bay # 43

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

18641 SW 105 Place

Suite, Apt. #, etc.

Bay # 43

City & State

Miami, FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/2002

5. FEI Number

06-1646628

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

Brunner Veramendi

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

12001 SW 200 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

11/13/03

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	Brunner P. Veramendi	12001 SW 200 Street	Miami, FL 33177

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

Date

11/13/03

Daytime Phone #

(305) 969-9997

CR2ED01 (10/02)

November 13, 2003

Automedic Car Care, inc.  
18641 SW 105 Place #43  
Miami, FL 33157

Division of Corporation  
Attn. Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

Ref.: Automedic Car Care, Inc  
# P02000079768


To Whom It May Concern:

Attached you will find the reinstatement form for the above mentioned Corporation. This corporation was dissolved due to administrative dissolution for annual report. We just notice about the dissolution after the bank where we have the corporation operating checking account notify us. We kindly ask to waive the reinstatement fees because we never receive the UBR form and/or any other correspondence from the State of Florida Division of Corporations.

Enclosed is a check for the amount of \$ 158.75 for the 2003 UBR and for a copy of the Certificate of Status.

If you need more information please do not hesitate to contact me at (305) 969-9997.

Thank you;

  
Brunner Veramendi  
President