

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -3 PM 3: 59

DOCUMENT # P03000026613

1. Corporation Name

305 EXOTIC CAR RENTALS, INC.

**REINSTATEMENT**

04-06

2. Principal Office Address

4801 NW 36th Street

3. Mailing Office Address

4801 NW 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/2003

5. FEI Number

06-1680873

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

Joseph A. Carballo

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

444 Brickell Avenue

Suite, Apt. #, Etc.

Suite 425

City

Miami

State

FL

Zip Code

33131

300065198243

02/06/06--01021--004

\*1050.00

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 01/31/2006

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
P	NELSON LOYNAZ	4801 NW 36TH ST	MIAMI, FL 33166
S	NELSON LOYNAZ	4801 NW 36TH ST	MIAMI, FL 33166
T	NELSON LOYNAZ	4801 NW 36TH ST	MIAMI, FL 33166
D	NELSON LOYNAZ	4801 NW 36TH ST	MIAMI, FL 33166

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

01/31/2006

Date

305-888-8448

Daytime Phone #