

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 20 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000048917

1. Corporation Name

SEGURA MOTORS INC.

10/17/05 01068 004 8.75
10/17/05 01068 003 154.00
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1510 STUDLEY DR NW

3. Mailing Office Address
1510 STUDLEY DR NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY, FL 32907

City & State
PALM BAY, FL 32907

Zip
32907

Country
USA

Zip
32907

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 4-28-03

5. FEI Number
16-1664629

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
VERONICA SEGURA

Street Address (P.O. Box Number is Not Acceptable)
475 MASTEN ST NW

Suite, Apt. #, Etc.

City
PALM BAY, FL 32907

State
FL

Zip Code
32907

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

V Segura

REGISTERED AGENT MUST SIGN

Date 7/17/07

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
PST	VERONICA SEGURA	475 MASTEN ST NW	PALM BAY, FL 32907

REINSTATEMENT 05-02

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07/20/07--01021--007 **891.25

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

V Segura

7/17/07

Date

Daytime Phone #