

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 NOV 12 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



TL

10072004 REIN-P CR2E098 (6/04)

4. FEI Number 68-0766671 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000100254

1. Entity Name
SPECIALIST CARS & MARINE INC



Principal Place of Business Mailing Address

2. Principal Place of Business
7169 SW 44ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
MIAMI FLA.
Zip 33155 Country

City & State
SAME
Zip SAME Country

6. Name and Address of Current Registered Agent

VIERA ADALBERTO
5425 SW 115 AVE
MIAMI, FLA. 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME VIERA ADALBERTO
STREET ADDRESS 5425 SW 115 AVE
CITY-ST-ZIP MIAMI FLA 33165

TITLE S ☐ Delete
NAME VIERA LILIA
STREET ADDRESS 5425 SW 115 AVE
CITY-ST-ZIP MIAMI FLA 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 600042871366 ☐ Change ☐ Addition
NAME 11/18/04--01050--019 **\$150.00
STREET ADDRESS
CITY-ST-ZIP

TITLE 600042871366 ☐ Change ☐ Addition
NAME 11/18/04--01050--019 **\$150.00
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #