

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION 1.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 SEP 21 AM 10:52

DOCUMENT # P04000015670

1. Corporation Name

CAR SPORT TEAM, CORP.

600109871586
09/25/07--01007--004 **61.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3296 W 14 CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33012

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-21-2004

5. FEI Number

☒ 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
VILMA QUINTANA

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

3296 W 14 CT.

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33012

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

Vilma Quintana

Date

REGISTERED AGENT MUST SIGN

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/D	VILMA QUINTANA	3296 W 14 CT.	HIALEAH, FL 33012

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:

Vilma Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAR SPORT TEAM, CORP.
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ATTN: TYRONE SCOTT

This letter is to state that Juaquin Sepulveda has nothing to do with the above mention corporation and therefore would like to have it corrected in your office.

Cordially,


Vilma Quintana