PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MIAMI, FL Zip Country Zip Country 33127 USA Not A CERTIFICATE OF STATUS DESIRED S8.75 Additional F for a Certificate To Name and Address of Current Registered Agent Name CHRISTOPHE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 511 NW 54TH STREET MIAMI, FL 41-2112477 Not A CERTIFICATE OF STATUS DESIRED The reinstatement fee is imposed, exc circumstances which the entity did not retain the prior notices. By checking this box are certifying the prior notices were	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
IALLAHASSEE, FLORI 1. Corporation Name CAR MEDICS AUTO REPAIR AND SALES INC. 2. Principal Office Address - No P.O. Box # 511 NW 54TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MIAMI, FL Zip Country Size FL Size FL Size Application For a Captilication The reinstatement fee is imposed, exc circumstances which the entity did not retain the entity	+	September 1997	Secret	ary of State		2008 APR - 1	AM 10: 23	
Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 01/26/2005 5. FEI Number 41-2112477 MIAMI, FL Sup Country USA To Country USA Suite MIAMI, FL Sup Country USA To Name and Address of Current Registered Agent Name CHRISTOPHE, DANIEL Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	1. Corporation Name					SECRETARY C TALLAHASSEE	F STATE FLORIDA	
Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 01/26/2005 5. FEI Number 41-2112477 MIAMI, FL Zip Country USA 33127 USA To Do Business in Florida 01/26/2005 5. FEI Number 41-2112477 Suite, Apt. #, etc. For a Country USA Survey April Not A 2011 (Country USA) Survey Address of Current Registered Agent Name CHRISTOPHE, DANIEL Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MIAMI, FL State Suite, Apt. #, Etc. Suite, Apt. #, Etc. State Suite, Apt. #, Etc. Suite, Apt. #, Etc. State Suite, Apt. #, Etc. State Suite, Apt. #, Etc. State Suite, Apt. #, Etc. Signature of Registered Agent Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director City State / Zip Code (City / State / Zip Code) Titles Officer and/or Director City / State / Zip Code (City / State / Zip Code) P CHRISTOPHE, DANIEL Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Director City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) Officer and/or Director (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) Officer and/or Director (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State / Zip Code (City / State / Zip Code) City / State /	2. Principal Office Address - No P.O. Box # 3. Mailing 0			iress	~			
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MIAMI, FL Zip Zip Zip Zip Zip Zip Zip Zi	City & State		City & State			017207200		
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7. Name and Address of Current Registored Agent Name CHRISTOPHE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 511 NW 54TH STREET Suite, Apt. #, Etc. City MIAMI, FL 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 9. Names and Street Addresses of Each Officer and/or Directors PCHRISTOPHE, DANIEL 1. The reinstatement fee is imposed, exc. circumstances which the entity did not reinstances which the entity did not r	Zip	Country	Zip	Country	6.			
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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 who 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 is 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 is 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 Daytime Phone #								