

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056589

1. Entity Name  
NORTH SPRINGS JAPANESE CAR CARE, INC.



FILED

07 APR 20 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7677 NW 88 WAY  
TAMARAC, FL 33321

Mailing Address  
7677 NW 88 WAY  
TAMARAC, FL 33321

2. Principal Place of Business - No P.O. Box #  
11314 Wiles Road

3. Mailing Address  
11314 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

REINSTATEMENT 06-07

4. FEI Number  
20-2768775

Applied For  
Not Applicable

Zip  
33076

Country  
Broward

Zip  
33076

Country  
Broward

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BARTOLONE, DOMENICO  
12325 NW 55TH ST.  
CORAL SPRINGS, FL 33076

## 7. Name and Address of New Registered Agent

Name  
Bartolone, Domenico  
Street Address (P.O. Box Number is Not Acceptable)  
11314 Wiles Road  
City  
Coral Springs, FL  
Zip Code  
33076

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

*Domenico Bartolone*

DOMENICO BARTOLONE - RESIDENT 4-17-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00  
+ \$8.75 = \$308.75**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
VP  
NAME  
BARTOLONE, DOMENICO  
STREET ADDRESS  
12325 NW 55 STREET  
CITY-ST-ZIP  
CORAL SPRINGS, FL 33076

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Bartolone, Domenico  
11314 Wiles Road, Coral Springs, Florida 33076

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE

*Domenico Bartolone*

DOMENICO BARTOLONE - RESIDENT 4-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #