

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000123358

1. Corporation Name

USA CARS TRADE INC.

400137016994
10/17/08--01035--004 **308.75

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

1756 NORTH BAY SHORE Dr

Suite, Apt. #, etc.

29B

City & State

MIAMI FL

Zip

33132

Country

3. Mailing Office Address

1756 NORTH BAY SHORE Dr

Suite, Apt. #, etc.

29B

City & State

MIAMI FL

Zip

33132

Country

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3416494

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

IMRE CZINGELLY

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

1756 NORTH BAY SHORE DR

Suite, Apt. #, Etc.

29B

City

MIAMI

State

FL

Zip Code

33132

☒ 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

Date **10/14/2008**

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	IMRE CZINGELLY	1756 NORTH BAY SHORE Dr	MIAMI FL 33132
S	GLORIA CZINGELLY	1756 NORTH BAY SHORE Dr	MIAMI FL 33132

REINSTATEMENT
07-08

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:

Imre Czingly

10-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #