

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000078133

1. Entity Name
SEVAS WHEELS INC.



Principal Place of Business
**12928 SW 132ND CT
MIAMI, FL 33186**

Mailing Address
**12928 SW 132ND CT
MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box #
12176 SW 128th Street
Suite, Apt. #, etc.
Miami, Florida
City & State

3. Mailing Address
12176 SW 128th Street
Suite, Apt. #, etc.
Miami, Florida
City & State

Zip
33186

Country
USA

Zip
33186

Country
USA

6. Name and Address of Current Registered Agent
**AAA REGISTERED AGENT INC.
92 SADBERRY ROAD/
QUINCY, FL 32351**



4. FEI Number
11782001

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

7. Name and Address of New Registered Agent
Name
Raul F. Pino, Esq
Street Address (P.O. Box Number is Not Acceptable)
2440 Coral Way
City
Miami FL Zip Code
33145

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]* DATE **11-20-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUECK, KARL 12928 SW 132ND CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hueck Karl 12176 SW 128th St Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *[Signature]* **KARL HUECK** DATE: **11-20-07** (305) 854-1904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR