

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000091861

1. Corporation Name

EXPEDITE CAR SHIPPING, INC

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -5 PM 2:33

KS

REINSTATEMENT 08-09

300161324143  
10/05/09--01/07/10  
CR20081 (12/08) \*\*300.00

2. Principal Office Address - No P.O. Box #  
20301 W COUNTRY CLUB DR

3. Mailing Office Address  
20301 W COUNTRY CLUB DR

Suite, Apt. #, etc.  
722

Suite, Apt. #, etc.  
722

City & State  
AVENTURA, FL

City & State  
AVENTURA, FL

Zip  
33180

Country  
USA

Zip  
33180

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 07/11/2006

5. FEI Number  
20-5195892

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  
RACHEL MAROM

Street Address (P.O. Box Number is Not Acceptable)  
20301 W COUNTRY CLUB DR

Suite, Apt. #, Etc.  
722

City  
AVENTURA

State Zip Code  
FL 33180

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/6/09

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	RACHEL MAROM	20301 W COUNTRY CLUB DR # 722	AVENTURA, FL 33180
VP	AYELET MAROM FISHER	20301 W COUNTRY CLUB DR # 722	AVENTURA, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #