PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

REINS	STATEM	ENT		SION OF CO				10 MAR - 2 P	_	
DOCUMENT #- 1. Corporation Name Vented Brakes, Inc P070001170 4								SECRETARY OF TALLAHASSEE.		
Principal Office Address - No P.O. Box # 3. Mailing Of 2061 NW 47 Terr							900166322769 01/15/1001006022 **750.00 REINSTATEMENT 09 ~ 10			
Suite, Apt. #, etc. Suite, Apt. #,				etc.				MAICMEN	09-	
#302				· · · · · · · · · · · · · · · · · · ·			Date Incorporated or Qualified To Do Business in Florida			
City & State	rhill F	City & State _			5. FEI Number Applied For					
Lauderhill, FL			Zip		Count	гу	-		N	ot Applicable
33313 USA					•	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addition for a Certific		
	·····	7. Name and Address of	f Current Regis	tered Agen	it	-	1			
Name Istvan Paulik							☐ The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable)								stances which the entity did not receive		
521 N Rainbow Dr						the prior notices. By checking this box, you are certifying the prior notices were not				
Suite, Apt. #	, Etc.							ed and requesting	the reinst	atement
City Hollywood					State FL	Zip Code 33021	fee be waived.			
8. I, being a	appointed the	e registered agent of the abo	ve named corpo	ration, am t	amiliar v	with and accept the o	obligations of section	on 607.0505 or 617.0503	, F.S.	
Signature of Registered Agent REGISTERED AGE					SIGN			Date 1/12/10		
9. Names	and Street A					orations must list at I	east 3 directors)	·		
Titles	nes and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
D	Anna F Slutsky				2061 NW 47 Terr			Lauderhill, FL 33313		
VPSD	PSD Istvan Paulik				N F	Rainbow	Dr	Hollywood, FL 33021		
										v
·							900 03/02/1	166322)01027018	**150.0	0
										,
									X3	12
^{10.} E-ma	il Addres	ss: lstvan_gofast@yah	oo.com	ITO	he uter	for future annual repo	ort potification)		7	
				.10	No nace	the initial districts (BIN	or constant of the second			

11. 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 filling 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. Ligurither certify, 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

Daytime Phone #