PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV -3 AM 8:36

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State

DOCUMENT # P10000036758

1. Corporation Name
HILUX CAR DEALERS, INC

2. Principal Office Address (No P.O. Box #)
1600 NORTH STATE RD 7

Suite, Apt. #, etc.
A

City & State
HOLLYWOOD FL

Zip
33021

County
BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date most recently filed or Qualified to Do Business in Florida

5. FEI Number
27-2438599

6. CERTIFICATE OF STATUS DESIRED ☐

$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PHILOMENE D MOREAU

Street Address (P.O. Box Number is NOT acceptable)
4990 SW 52ND STREET

Suite, Apt. # (if applicable)
BAY 205

City
DAVIE FL 33314

State
FL

Zip Code

400213966564
11/03/11--01004--009 **750.00

8. I hereby accept the registered agent role of this above named corporation, familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent
SECRETARY MUST SIGN

Date

9. Name and Street Address of Each Officer and/or Director (Florida non-profit 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	PHILOMENE D MOREAU	4990 SW 52ND ST BAY 205	DAVIE FL 33314
SEC TREAS	MELO MOREAU	4990 SW 52ND ST BAY 205	DAVIE FL 33314

10. E-mail Address:
(to be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Section 607.0203 F.S. (Florida Profit) or 617.0203 F.S. (Florida Not-for-Profit) and that to the best of my knowledge and belief, the reason for dissolution has been satisfied, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees due to the Department have been paid. I further certify that the information contained herein is true and accurate and that my signature shall serve as my affirmation that the information contained herein is true and accurate. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Melo Moreau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2 OCT 11

Daytime Phone #: 954-651-4990

11/08/11
DB