

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2020 OCT 29 PM 12:07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14000059024

1. Corporation Name

INTER CARS MIAMI, INC.

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

2500 N.W. 21 Terr.

Suite, Apt #, etc

3. Mailing Office Address

2500 N.W. 21 Terr.

Suite, Apt #, etc

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

000354417080

10/28/20--01024--001 \*\*750.00  
CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/10/2014

5. FEI Number

47-1345926

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

DANIEL A. CASQUILHO

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

2500 N.W. 21 Terr.

Suite, Apt #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

*[Signature]*

Date 10/27/2020

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
DV	CASQUILHO, DANIELA	2500 N.W. 21 Terr.	MIAMI, FL 33142
DPT	GAMERO TISCORNIA, MARIA R.	2500 NW 21 Terr.	MIAMI, FL 33142
REINSTATEMENT			
OCT 28 2020			
R. HUNT			

10. E-mail Address:

intercarsmiami@hotmail.com

(To be used for future annual report notification)

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 507 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., and that all fees owed by the corporation have been paid. I further 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. 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:

*[Signature]* DANIEL CASQUILHO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

Date

10/27/2020 786609341

Daytime Phone #