## ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLE
APPLICATION
FOR
REINSTATEMEN
DOCUMENT #
Corporation Name
PRAKAS N



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

REINSTALEMENT	DIVISION OF CORPORATIONS			FILED			
DOCUMENT \$930000 13476  1. Corporation Name				97 JAH 16 AM 7: 22			
PRAKAS MOTOR CARS, INC.				SLORETZERY OF STATE TALLAHASSEE, FLORIDA			
				FALLA	MASSEE, FLUMINA		
Principal Place of Business Mailing Address							
715 FOXPOINTE CIRCLE 715 FOXPOINTE CIRCLE							
DELRAY BEACH, FL DELAAY BEACH, FL 33445							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				<u>.</u>	DO NOT WRITE IN THIS SPA	(CE	
New Principal Öffice Address, If Applicable	ress, If Applicable 3. New Mailing Address, If Applicable			Date Incorporated or Qualified     To Do Buspiess in Florida			
Suite. Apt. #, etc	Suite, Apt. #, e	itc.		2 1 3 1 3 Applied For			
City & State City & State					038 <i>9508</i>	Not Applicable	
Z <sub>i</sub> p Country	Zip	Country		6. CERTIFICATI	CATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
Names and Street Addresses of Each Officer and	or Director (Florid	da nonprofit corpora	tions must list at lea	st 3 directors)		- Contract of Contract	
Name of Officers Street Address			eet Address of Each licer and/or Director	City / State / Zip			
A than C. Prakas	715 Foxgointe Circle				Delray Beach,	FL 33485	
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				1000020633011 -01/21/3701024014			
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RE				TZM	TEMENT	1/0-97	
8. Name and Address of Current Registered Agent				9. Name and A	Address of New Registered Ag	XX       (4   4   1   1   1   1   1   1   1   1	
Name Name						<u> </u>	
Street Address (F			O. Box Number is Not Acceptable)				
72 SE 6 Drenne Suite, Apt			Suite, Apt. #, Etc.	с.			
Delray Beach, FL 13487 City			State Zip Code <b>FL</b>				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signafure of Registered Agent Date 113/97  REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied viesse the Division of Corporations from any liability certify that I am an officer or director or the receipthis reinstatement application the reason for dissiples owed by the corporation base been paid. Tunder oath.	ty of non-compliar ver or trustee emp olution has been	nce with Section 11: powered to execute eliminated, the corr	9.07(3)(k) in the even this application as porate name satisfie	nt that the inform provided for in chest the requirement	ation supplied is deemed exeminable for 607 or 617, F.S. I further ats of section 607,0401 or 617,0401.	pt from public access. Fr certify that when filing 0401 F.S. and that all	

SIGNATURE: