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PLEASE READ A	OMPLETING IF	ABJANA DI				
APPLICATION ()	MATINA SANOTA MINIOTINALII			ANC)		
FOR	Secretary of State					
REINSTATEMENT DIVISION OF CORPORATIONS		.98 JUL 10 AM II: 29				
DOCUMENT # P9300069379 1. Corporation Name AIBC MOTEBEE FINANCE, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
-			TC TEST-	rich tooking Teloi	* 13 6.27 1	
Principal Place & Business	Mailing Address		•			
central Park Proffessional Center 1450 madruga Ave # 308			REINSTATEMENT 01-98			
miami FL 33146			ULII40 IV	y a Respanse	MANAGEMENT AND THE PARTY OF THE	
If above addresses are incorrect in any way, line thro	way, line through incorrect information and enter correction below.		4. Data Innerparated or O	ualified		
2. New Principal Office Address, If Applicable	<u> </u>		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State	City & State		650443		Not Applicable	
Zip Country	Z ip Count	гу	CERTIFICATE OF STATU		Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o						
Title(s) and/or Directors Office (Do NOT Us		reet Address of Each Ifficer and/or Director Jse Post Office Box N	or City / State / Zip Numbers) 4			
manag, VIVIAN M. GOIOMA 1450 MACITUGA ANE. #303						
director/vice president coral Gables FL 33 146						
Vice Alejandro A. co	oloma 1450 m	adruga F	ive. '	caral Go	ables	
managing-mae H. Coloma 450 magruos			200	PL B	0196	
managinggorge H. Colom director / Oresident	71201U90 # 308	1 -we	FL B	3018S		
			900025872682 			
-		**	****900.00 ****900.00			
			0.0.99			
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48. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
Vivian M. COIOMA	Street Address (P.O. Box Number is Not Acceptable)					
1450 madruga A	Suite, Apt. #, Etc.					
miami FL 33146						
		City		FL	zip code	
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.						
Signature of Registered Agent Must sign Date						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible lax.)						
12. 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 under section 119.07(3)(i), 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 eath.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayton Phone #						