

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG -5 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ELECTRO-CAR INC

2. Principal Office Address

656 NE 28<sup>th</sup> Court

Suite, Apt. #, etc.

3. Mailing Office Address

656 NE 28<sup>th</sup> Court

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

Country

33064 BROWARD

Zip

Country

33064 BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/94

5. FEI Number

650513593

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

Amilcar J. Maia

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

3105 NW 2<sup>nd</sup> TERRACE #2

Suite, Apt. #, Etc.

Apt. # 2

City

Pompano Beach

State

FL

Zip Code

33064

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

*Amilcar J. Maia*

REGISTERED AGENT MUST SIGN

Date

07/29/03

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
P/D	Amilcar J. Maia	3105 NW 2 <sup>nd</sup> Terr	Pompano Beach FL 33064
T/S	Requel Maia	3321 Quail Close	Pompano Beach FL 33064

10. 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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amilcar J. Maia*

7/29/03 954 7829155  
Date Daytime Phone #

7/03

To Whom it May Concern

Please Consider this Paper work  
And I am Sorry for Being late  
But Time Permitting We Need  
To Be Sure It is Correct

Thank You  
Amilean Maia  
Amilean Maia

Check enclosed