

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 29 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

DOCUMENT # P94000070986

1. Corporation Name
ASCAR GROUP CORPORATION

97AR

Principal Place of Business
9475 NW 89TH AVE
SUITE 304
MIAMI FL 33178
US

Main Address
P.O. BOX 2372
SUITE 304
MIAMI FL 33143
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		City & State		97/27/1994	
City & State		Zip		5. FEI Number	
MIAMI FL		33178		65-0531072	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For	
				Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VARA, A.D.	655 ARVIDA PKWAY 9475 NW 89 AVE	6 GABLES FL MIAMI, FL
VP	VARA, ADALBERTO	9475 NW 89 AVE	MIAMI FL
S	VARA, CARLOS A	8415 ARVIDA 89 AVE 9475 NW 89 AVE	MIAMI FL
			600002335606--0 -10/31/97-01189-016 ****165.00 ****165.00
			A. Alay 10/27/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARA, A 9475 NW 89TH AVE. SUITE 304 MIAMI FL 33178		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 _____ Date 10/27/97
REGISTERED AGENT MUST SIGN

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 tax.)

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)(l), 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: _____ Date 10/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)

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**ASCAR GROUP CORPORATION
9475 N.W. 89TH AVE.
MIAMI, FL 33178
305-665-7388**

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 27, 1997

RE: P94000070986

Attached is my 1995 report showing corrected addresses rhe address on the one you sent is not the same and we never got the application. All of our other compnies were filled in time. Please accept our check for \$165.00 and reinstate the corporation with the corrected addresses.

Sincerely



A. Vara
Registered agent