

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

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APPLICATION  
FOR  
REINSTATEMENT



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

97 OCT 29 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070086

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1994

5. FEI Number

65-0531072

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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.	<del>655 ARVIDA PKWAY</del> 9475 NW 89 AVE	<del>6 GABLES FL</del> MIAMI, FL
VP	VARA, ADALBERTO	9475 NW 89 AVE	MIAMI FL
S	VARA, CARLOS A	<del>8415 ARVIDA 89 AVE</del> 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

REGISTERED AGENT MUST SIGN

Date

10/27/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/97

CR2040 (8/97)

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**ASCAR GROUP CORPORATION  
9475 N.W. 89<sup>TH</sup> 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