

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000001991**

1. Corporation Name

CAR IMPRESSIONS, INC.

Principal Place of Business

1720 N GOLDENROD RD
ORLANDO FL 32807
US

Mailing Address

1720 N GOLDENROD RD
ORLANDO FL 32807
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

01/06/1995

5. FEI Number

59-3286370

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	RODRIGUEZ, NILBERTO	1310 N CHICKASAW TR 1720 N GOLDENROD Rd.	ORLANDO FL 32825 32807
ST	RODRIGUEZ, ENID	1310 N CHICKASAW TR 1720 N GOLDENROD Rd.	ORLANDO FL 32825 32807
			000004795500--0 -01/25/02--01011--005 ****750.00 ****750.00
			000004795500--0 -01/25/02--01011--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NILBERTO RODRIGUEZ
1310 N CHICKASAW TR
ORLANDO FL 32825

9. Name and Address of Current Registered Agent

Name

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

1720 N GOLDENROD Rd.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

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

11. 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

Date

Daytime Phone #

FILED
02 JAN 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02-1995

CR2040 (8/97)