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. APPLICATION FOR 1996 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 21 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable to: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000027100

J.C. MOTORS, CORP.
13185 Cairo Lane
OPa Locka, Florida 33054

2. If Address in Section 1 is wrong, enter the correct address below. The name of the corporation can be changed only by filing an amendment.

Address

Address 200002013372--2
-11/26/96--01002--007

City and State ****383.75 ****383.75

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: April 05, 1995

4. FEI Number: 65-0572765

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. CERTIFICATE OF STATUS DESIRED ☑

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P/S/T/D	JOSE CELAURO	13185 Cairo Lane, Opa locka	FLORIDA

REINSTATEMENT 1996
[signature]
11-21-96

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

JOSE CELAURO
13185 Cairo Lane
OPA LOCKA FLORIDA 33054

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 [signature] Date

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date Nov 04, 1996 Daytime Phone # (305) 687-7878

Typed or printed name of signing officer or director JOSE CELAURO, President & Director