

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1998 MAR 13 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 95000038061

1. Corporation Name

DEPOCAR, U.S.A., INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

2106 ADAMS STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2106 ADAMS STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

City & State

HOLLYWOOD FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 15, 1995

5. FEI Number

65-0585037

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P	SANDOR ORBAN	2106 ADAMS STREET	HOLLYWOOD, FL 33020
			400002458984-4
			-03/17/98--01025--025
			***918.75 ***918.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

SANDOR ORBAN  
3175 N. 36TH AVENUE  
HOLLYWOOD, FL 33021

9. Name and Address of New Registered Agent

Name

SANDOR ORBAN

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

2106 ADAMS STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

*Sandor Orban*

REGISTERED AGENT MUST SIGN

Date

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)(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:

*Sandor Orban*

SANDOR ORBAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 98

Date

954-922-6914

Daytime Phone #