

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



DOCUMENT # P95000096553

1. Corporation Name

HELLO CARS, CORPORATION

Principal Place of Business

14448-A WEST DIXIE HWY.
NORTH MIAMI FL 33161

Mailing Address

3614 N.W. 36TH STREET
MIAMI FL 33142

90 JUN 17 10 09 AM '99

TELEPHONE NO.



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

2. New Principal Office Address, If Applicable

2186 NW 22 AVENUE

Suite, Apt. #, etc.

MIAMI FLA. 33142

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

12/21/1995

5. FEI Number

65-0627278

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	TARULLA, MONICA L ✓	16909 NORTH WAY ROAD #1009	NORTH MIAMI BEACH FL 33180
		2555 NE 208 LANE	NORTH MIA BEACH FL. 33180
	TARULLA MONICA APPEAR FRONT ME. FOR CONFIRM HER ADDRESS		
		"OFFICIAL SEAL" Ana Maria Anchava My Commission Expires 9/17/99 Commission #CG 496112	300002915063--S -06/25/99--01003--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TARULLA, MONICA L 3614 N.W. 36TH STREET MIAMI FL 33142		Name REINSTATEMENT 98-99 Street Suite, Apt. #, Etc. City State FL Zip Code	
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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 05-25-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-25-99 305-636-1969.

CR2000 (9/98)