

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000007816

1. Corporation Name

MOTORS, INC.

Principal Place of Business

1641 NW 27TH AVE
MIAMI FL 33125
US

Mailing Address

4700 SW 8 STREET
CORAL GABLES FL 33134
US

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

2. New Principal Office Address, If Applicable

4412 SW 73 AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MIAMI FL

33135

USA

FILED

03 JAN -9 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2-03

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1996

5. FEI Number

65-0635666

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

PVTS

FATTORINI, CESARE A

1641 NW 27TH AVE
4700 SW 8 ST
CORAL GABLES FL 33134

MIAMI FL 33125

500009996935
01/09/03--01062--009 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FATTORINI, CESARE A
1641 NW 27 AVE
MIAMI FL 33125

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

CORAL GABLES

FL

33134

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 01-08-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101-08-03 305-321-6000

CR2E040 (8/02)