


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 JAN 28 PM 4:08

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 096000018021 1. Corporation Name AMCAR SUPPLY, INC.			
2. Principal Office Address 7837 NW 72nd Avenue Suite, Apt. #, etc.		3. Mailing Office Address 7837 NW 72nd Avenue Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA

REINSTATEMENT B 97-02

4. Date Incorporated or Qualified To Do Business in Florida 02/27/1996	
5. FEI Number 65-0671225	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Javier Nunez		
Street Address (P.O. Box Number is Not Acceptable) 7837 N.W. 72nd Avenue		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33166

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CR2E061 (9/01)

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	Date 1/17/2002
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Javier Nunez	7837 NW 72nd Ave	Miami, FL 33166
V/D	Edgar Hernandez	7837 NW 72nd Ave	Miami, FL 33166
T/D	Carlos Nunez	7837 NW 72nd Ave	Miami, FL 33166
S/D	Emilio Arturo Garcia	7837 NW 72nd Ave	Miami, FL 33166

10. 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:	Date 01/17/2002	Daytime Phone # 305-477-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

MB