

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

APPROVED AND SENT

1997 NOV 20 10 12: 35

SECRETARIAT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000040082**

1. Corporation Name
CIS-CAR, USA, INC.

Principal Place of Business
**3224 S. KROME AVE.
 HOMESTEAD FL 33030**

Mailing Address
**3224 S. KROME AVE.
 HOMESTEAD FL 33030**



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

2. New Principal Office Address, If Applicable
10412 NW 27th AVE
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
10412 NW 27th AVE
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
05/09/1996

City & State
Miami, FL

City & State
Miami FL

5. FEI Number
65-0770693 Applied For
 Not Applicable

Zip **33147** Country **USA**

Zip **33147** Country **USA**

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
D	BORQUEZ, JOSE C	3224 S. KROME AVE.	HOMESTEAD FL 33030
D	BORQUEZ, LUIS C	3224 S. KROME AVE.	HOMESTEAD FL 33030
			000002354840--7 -11/21/97--01120--012 ****165.00 ****165.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

FILINGS, INC.
3782 NW 16 ST.
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name **JOSE C BORQUEZ**
 Street Address (P.O. Box Number is Not Acceptable)
10412 NW 27th AVE
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33147**

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 *[Signature]*

REGISTERED AGENT MUST SIGN

Date **11/14/97**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/14/97**

Daytime Phone #

CR2040 (8/97)

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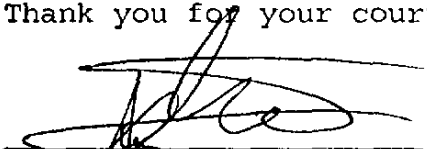
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$165.00 for the annual report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.



President