

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

1997 NOV 20 10 12:35

SECRETARY 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.

City & State
Miami, FL

Zip
33147

Country
USA

3. New Mailing Office Address, If Applicable

10412 NW 27th Ave

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33147

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1996

5. FEI Number

65-0770693

☒ 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
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

8. Name and Address of Current Registered Agent

FILINGS INC
3782 NW 18 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(2)

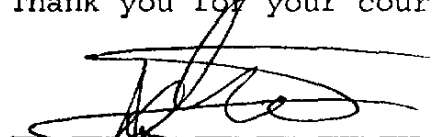
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

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