

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000053820

1. Corporation Name

INTERNATIONAL MOTORS INC.

Principal Place of Business

Mailing Address

1710 SW 99 AVE.  
MIAMI FL 33165

1710 SW 99 AVE.  
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/1996

5. FEI Number

65-0675159

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PANIAGUA, JOSE	1710 SW 99 AVE.	MIAMI FL 33165

500014324395  
03/18/03--01055--014 \*\*300.00

8. Name and Address of Current Registered Agent

PANIAGUA, JOSE  
1710 SW 99 AVE.  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

3/13/03

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

Date

3/13/03

Daytime Phone #

305-485-5885



FILED

03 MAR 19 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/02)

March 13, 2003

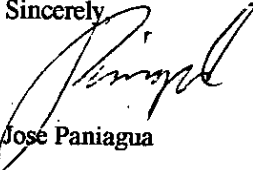
Ref: Waiver of Penalty  
FEI# 65-0675159

Dear Sirs/Madam:

We hereby request that you please waive the reinstatement fee due to that we never received any letters regarding this. We appreciate your time, if you should have any questions please contact me at 305-485-5005.

Thank you,

Sincerely,



Jose Paniagua