APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000085421**

1. Corporation Name

AVENTURA CARS, INC.

Principal Place of Business	Mailing Address
2170 N.W. 27TH AVENUE MIAMI FL 33142	2170 N.W. 27TH AVENUE MIAMI FL 33142

REINSTATEMENT 1999

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt #, etc. **3520 SOUTH DIXIE HWY**	Suite, Apt. #, etc.	**10/14/1996**
City & State **MIAMI FLORIDA**	City & State	5. FEI Number **65-0719895** / Applied For / Not Applicable
Zip **33133** / Country **USA**	Zip / Country	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
P	ELBAZ, ISAAC E	2170 N.W. 27TH AVENUE	MIAMI FL 33142
			5000030S2555---9 -11/23/99--01021--008 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ELBAZ, ISAAC 2170 N.W. 27TH AVENUE MIAMI FL 33142	Name **ELBAZ ISAAC** Street Address (P.O. Box Number is Not Acceptable) **3520 SOUTH DIXIE HWY** Suite, Apt. #, Etc. City **MIAMI** State **FL** Zip Code **33133**

CR2E040 (8/99)

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 **11-8-99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-99
Date

(305) 4448847
(305) 4442840
Daytime Phone #