

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 15 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096467

1. Corporation Name

ONE STOP CAR CARE INC.

REINSTATEMENT

98-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

3621 CITRUS TRACE

3. Mailing Office Address

3621 CITRUS TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

BROWARD

Zip

33328

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

6/25/1997

5. FEI Number

32-0203572

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name **NELSON ORDONEZ**

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

3621 CITRUS TRACE

Suite, Apt. #, Etc.

City **DAVIE**

State **FL**

Zip Code **33328**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nelson Ordonez

Date **5-9-07**

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	NELSON ORDONEZ	3621 CITRUS TRACE	DAVIE, FL 33328

05/30/07--01021--010 **1500.00

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 contained in Chapter 119, 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:

Nelson Ordonez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-9-07

Daytime Phone #