

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060464 (9)

1. Corporation Name

CENTRAL MOTION CARS, INC

2. Principal Office Address

5610 Edgewater Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32810

Country

3. Mailing Office Address

5676 Breckenridge Cr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32818

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1997

5. FEI Number

59-3461389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Colon Jr

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

5676 Breckenridge Cr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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

REGISTERED AGENT MUST SIGN

Date 2/17/2000

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
Sec. Pres.	Richard Colon Jr	5676 Breckenridge Cr.	Orlando FL 32818
V.P.	Doris Colon	5676 Breckenridge Cr.	Orlando FL 32818
			LS

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 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

2/17/2000

Daytime Phone #

407-296-2021

CR2E081 (9/99)


2/17/2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32304

Attorney

On 2/14/2000 I received a phone call from the D.M.V. informing me that my corp was not in good standing. When I call you to find out you explained me the Annual Report was not filled. After carefully reviewing what happened it came to my attention that I am in a new location and that the form was sent to the old address. My corporation has been active all this time and taxes have been paid accordingly.

Respectfully we are requesting the return of the \$900.00 and we are sending a check for \$300.00 for the reinstatement. Sorry for this and thank in advance for your assistance.


Richard Colon, Jr.
President