

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000068618**

1. Corporation Name

NACAR, INC.

Principal Place of Business

Mailing Address

**515 N.E. 20TH STREET
BOCA RATON FL 33431**

**515 N.E. 20TH STREET
BOCA RATON FL 33431**

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

08/07/1997

5. FEI Number

65-0779013

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
P	ACUNA, CARLOS	55 NE 20TH ST	BOCA RATON FL 33431
VP	ACUNA, NADINE	515 NE 20TH ST	BOCA RATON FL 33431
S	ACUNA, NADINE	515 NE 20TH ST	BOCA RATON FL 33431
T	ACUNA, CARLOS	515 NE 20TH ST	BOCA RATON FL 33431
			200004672752--3 -11/08/01--01061--001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

**ACUNA, NADINE
515 N.E. 20TH STREET
BOCA RATON FL 33431**

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

06-15-01 **3953533**

APPROVED
AND
FILED

01 OCT 22 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)


October 17, 2001

Division of Corporations
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please enclosed find a check in the amount of \$150.00 dollars towards the annual report payment for this corporation due to the fact that this is the first report that my client receives for this purpose I don't believe if this is the first report he received that he should be penalized awaiting that you would understand and abate the penalty.

Sincerely Yours,


Ann M Condis
Accountant