

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:17

DOCUMENT # **P97000082373**

1. Corporation Name

**M-CAR CONSULTANTS & ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** 03

Principal Place of Business

290 NE 89 ST  
MIAMI FL 33138  
US

Mailing Address

290 NE 89 ST  
MIAMI FL 33138  
US



700024213147  
10/28/03--01064--015 \*\*750.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1997

5. FEI Number

65-0796741

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
PSD	ALFAU-REYES, MARIA	290 NE 89 ST	MIAMI FL 33138
TD	MARTINEZ, JANET M	290 NE 89TH STREET	MIAMI FL 33138
PDS	Alfau-Reyes, Maria	290 NE 89 Street	Miami FL 33138
VD	Gonzalez, Eronides	290 NE 89 Street	Miami FL 33138

8. Name and Address of Current Registered Agent

ALFAU-REYES, MARIA  
290 NE 89 ST  
MIAMI FL 33138

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]*  
REGISTERED AGENT MUST SIGN

Date

10/24/03

11. I certify that I am an officer or director of 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

CR2E040 (7/03)