

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005880

1. Corporation Name

AFFORDABLE CAR CARE, INC.

Principal Place of Business

Mailing Address

2529 NW 23 STREET  
MIAMI FL

2529 NW 23 STREET  
MIAMI FL



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

01/20/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0806520

Applied For

Not Applicable

City & State

City & State

Zip

Country

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
PSTD	BURGOS, MIGUEL A	2529 NW 23 STREET	MIAMI FL

DOS: 4500453-1000068786  
DEPOSIT ONLY \$50.00

10/24/02-100005880-011-150.00

10/24/02-10000573974-011-150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURGOS, MIGUEL A  
2529 NW 23 STREET  
MIAMI FL 33142

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

(305) 638-0057

CR2E040 (802)

*Nancy A. Diaz, P.A.*

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ACCOUNTANTS  
2611 S.W. 3rd STREET  
MIAMI, FLORIDA 33135  
TELEPHONE: (305) 649-7723  
FAX: (305) 649-7846

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT MY CLIENT AFFORDABLE CAR CARE, INC. DID NOT  
RECEIVED ANY PREVIOUS NOTICE FROM THE DIVISION OF CORPORATIONS.  
THE ECONOMY IS REALLY BAD IN SOUTH FLORIDA AND MY CLIENT IS REALLY  
SUFFERING FROM THE ECONOMY. HOPEFULLY YOU WILL WAIVE THE EXTRA  
FEES.

HOPING TO HEAR A GOOD NEWS FROM YOU

  
NANCY A. DIAZ  
ACCOUNTANT FOR  
AFFORDABLE CAR CARE, INC.