

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

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

2529 NW 23 STREET
MIAMI FL

Mailing Address

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

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

01/20/1998

5. FEI Number

65-0806520

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
PSTD	BURGOS, MIGUEL A	2529 NW 23 STREET	MIAMI FL

DOS: 4500453-1000068786
DEPOSIT ONLY \$50.00
10/24/02-01089-011-150.00

10/24/02-01089-011-150.00

10/24/02-01089-011-150.00

8. Name and Address of Current Registered Agent

BURGOS, MIGUEL A
2529 NW 23 STREET
MIAMI FL 33142

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

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 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.

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.