

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 10 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000018 553

1. Corporation Name

Hi-Tech Car Accesories, Inc

800137782308  
11/10/08--01031--013 \*\*300.00

2. Principal Office Address - No P.O. Box #

4255 E 8 ave

Suite, Apt. #, etc.

3. Mailing Office Address

4255 E 8 ave

Suite, Apt. #, etc.

City &amp; State

Hialeah, FL

City &amp; State

Hialeah, FL

Zip

33013

Country

US

Zip

33013

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/1998

5. FEI Number

65-0815725

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

Julio C. Izquierdo

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

400 NW 127 ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 11/06/08

## 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
P/S	ERika Medel	4255 E 8 ave	Hialeah, FL 33013

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 contained in Chapter 119, 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

11/06/08 305-681-1213

Date

Daytime Phone #

11/12/08