

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026630

Corporation Name
NUCAR MOTOR COMPANY, INC.

Principal Place of Business Mailing Address
6306 S.E. 113TH ST., BUILDING A-7 BELLEVIEW FL 34420
6306 S.E. 113TH ST., BUILDING A-7 BELLEVIEW FL 34420



REINSTATEMENT

99

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 03/20/1998
5. FEI Number 593513436 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DENNEY, SUSAN F	12568 S.E. 36TH AVE.	BELLEVIEW FL 34420
V	Fleiner, Slade A	12568 SE 36th Ave	Belleview FL 34420

100003095301--1
-01/12/00--01002--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent
DENNEY, SUSAN F
12568 S.E. 36TH AVE.
BELLEVIEW FL 34420

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 Susan F. Denney REGISTERED AGENT MUST SIGN Date 12/31/99

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Susan F. Denney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/99 352-245-8525
Date Daytime Phone #

KE