

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096435

1. Corporation Name

CAR COMPLEX INC

2. Principal Office Address

2170 NW 27 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 163825

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33142

Country

USA

Zip

33116

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-17-1998

5. FID Number

65-0877815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

RASIKH ABUBAKER

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

11147 SW 88 ST # D202

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0303 or 617.0303, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT 29 02

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	SHABANA AZIZ	11147 SW 88 ST # D202	MIAMI FL 33176

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 under section 119.07(3)(c), 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 #

10-29-02 805-636-4110