PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 23 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # p99000008325

02-03 LOR

1. Corporation Name
CAR WHIZ, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4300 Aloma Ave | 4300 Aloma Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Park | City & State: Winter Park |
| Zip: 32792-3279 Country: United States | Zip: 32792-3279 Country: United States |

800021749048
07/23/03--01067--003 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 593603314 ☐ 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: AMANDA R JACOBSON, ESQ
Street Address (P.O. Box Number is Not Acceptable): 351 EAST State Road 434
Suite, Apt. #, Etc.: Suite A
City: Winter Springs State: FL Zip Code: 32708

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 _____ Date 7-21-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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 |
|---|---|---|---|
| pres | Gal Schwartz | 701 East Church Ave | Longwood Fl, 32750 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)(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: _____ 07-21-2003 407-331-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/24

RE: P99000008325
CAR WHIZ

7-21-03

To Whom it May Concern.

My Corporation Was Dissolved on 10/4/02. I Was not aware of this Due to the fact my Accountant Closed Shop with no notice and withheld all of my 2002 Information. I have still not recieved any information from him.

I became aware of this problem When my application for the FL Dept of Agriculture Was denied. Upon Investigation they directed me to your offices. Of course I have immediately responded to this problem by trying to rectify the Status of my Shop.

I have enclosed the $300.00 In dues owed for 2002 & 2003. I would like to Ask that the $600.00 Reinstatement fee be Waivered Due to the fact I have not recieved any documentation on this problem.

Thank you

Sincerely

Pres. CAL Schwartz

Phone - 407-331-4374

CAR WHIZ
4300 Aloma Ave
Winter Park, FL
32792