

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11152004 REIN-P CR2E098 (6/04)

DOCUMENT # P99000008600

1. Entity Name
DELUXE MOTORS, INC.



Principal Place of Business
**3361 N.W. 107 ST.
STE. A
MIAMI, FL 33167**

Mailing Address
**3361 N.W. 107 ST.
STE. A
MIAMI, FL 33167**

2. Principal Place of Business
301 N.W. 79th St.

3. Mailing Address
301 N.W. 79th St.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33150 Country
USA

Zip
33150 Country
USA

4. FEI Number
65-0891042

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUEVARA, RIGOBERTO
15421 SW 133RD PLACE
UNIT 911
MIAMI, FL 33177**

7. Name and Address of New Registered Agent

Name
Rigoberto Guevara

13486 SW 22nd Street

City
Hollywood FL Zip Code
33027

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUEVARA, RIGOBERTO 13486 SW 22ND STREET HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042897650 11/19/04--01031--022 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rigoberto Guevara **RIGOBERTO GUEVARA** **PRESIDENT** **11/12/04** **756-5242**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #