

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 PM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000011706

1. Corporation Name

CAR AUDIO EXPORT INC.

Principal Place of Business

Mailing Address

8334 N.W. 68 STREET
MIAMI FL 33166

8334 N.W. 68 STREET
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10295 Collins Ave

Suite, Apt. #, etc.

1507-n

City & State

Bal Harbour FL

Zip

33154

Country

USA

3. New Mailing Office Address, If Applicable

10295 Collins Ave

Suite, Apt. #, etc.

1507-n

City & State

Bal Harbour, FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

5. FEI Number

65-0892375

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
1	2	3	4
SVD	SZPILFEIGEL, ROCIO	10295 COLLINS AVE. APT. 1507 N	BAL HARBOUR FL 33154
PTD	SZPILFEIGEL, ALBERTO	10295 COLLINS AVE. APT. 1507 N	BAL HORBOUR FL 33154
			000003496650--7 -12/12/00--01032--011 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

SZPILFEIGEL, ROCIO
10295 COLLINS AVE.
1507 NORTH
BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date October 16/2000

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

SIGNATURE:

[Signature]

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16/2000
Date Daytime Phone #