

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 10 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Inter Car & Truck Sales Inc.

2. Principal Office Address

15532 M.L.K. Blvd

Suite, Apt. #, etc.

Dover FL

City & State

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33527

Country

USA

Zip

Country

REINSTATEMENT 02-03

000015645330

04/10/03--01047--008 \*\*600.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650914372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Tirsa E. Tavares

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

15532 M.L.K. Blvd

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527

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

Tirsa E. Tavares

REGISTERED AGENT MUST SIGN

Date

04/07/03

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	Tirsa E. Tavares	15532 MLK Blvd	Dover FL 33527
Vice Pres	Jose R. Tavares	15532 MLK Blvd	Dover FL 33527

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tirsa E. Tavares

Tirsa Tavares 4/7/03

Date

Daytime Phone #

013 927 1179

CR2E081 (10/02)