

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000036196

1. Corporation Name

UNICARS AUTO BROKERS INC

2. Principal Office Address

2401 S.W. 31 AVE

Suite, Apt. #, etc.

P-26

City & State

Pembroke Park FL

Zip

33009

Country

Broward

3. Mailing Office Address

1520 S. 19 AVE

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33020

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/99

5. FEI Number

65 0912980

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Guillermo G. Gonzalez

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

1520 S. 19 AVE

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33020

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

Guillermo G. Gonzalez Pres.

REGISTERED AGENT MUST SIGN

Date Feb/3/03

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.	Guillermo G Gonzalez	1520 S. 19 AVE	Hollywood FL 33020
Secy	Guillermo G Gonzalez	" " "	" " "
Treas.	Guillermo G Gonzalez	" " "	" " "

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:

Guillermo G. Gonzalez Pres / Guillermo G. Gonzalez / Feb-3-03 / 9542700008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 21, 2003

UNICARS AUTO BROKERS, INC.
1520 S. 19TH AVE.
HOLLYWOOD, FL 33020

*Please use this address
for mailing Address*

SUBJECT: UNICARS AUTO BROKERS, INC.
Ref. Number: P99000036196

Pursuant to our telephone conversation of January 21, 2003, I am enclosing a blank reinstatement application.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 803A00003288