

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 MAY -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000043602**

1. Corporation Name

"GEM" SPORTS CARS UNLIMITED, INC.

2. Principal Office Address

2065 A NE 15th Street / JAMES E. TICE

Suite, Apt. #, etc.

N.

City & State

W. MIAMI BEACH FLA

Zip

33162

Country

USA

3. Mailing Office Address

16220 SW 280th ST

Suite, Apt. #, etc.

City & State

HOMESTEAD FLA

Zip

33031

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650921320

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

TANIA OLIVERA MIRANDA

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

8850 NW 122nd ST

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33018

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

Tania Olivera Miranda

Date

4/21/01

REGISTERED AGENT MUST SIGN

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
P.	Emilio Miranda	8850 NW 122nd ST	HIALEAH GARDENS FL 33018
T	Geustavo Miranda	8850 NW 122nd ST	HIALEAH GARDENS FL 33018
S	TANIA OLIVERA MIRANDA	8850 NW 122nd ST	HIALEAH GARDENS FL 33018

REINSTATEMENT 00-01

MW

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:

Tania Olivera Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/01

Daytime Phone #

CR2E081 (9/00)