

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37358

1. Corporation Name

ISACAR CORPORATION

2. Principal Office Address

1500 San Remo Ave.

3. Mailing Office Address

1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125 (JDF)

Suite, Apt. #, etc.

Suite 125 (JDF)

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1991

5. FEI Number

65-0247497

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

DRAKE, GUADALUPE

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

c/o Ocean Bank of Miami

Suite, Apt. #, Etc.

780 N.W. 42nd Ave.

City

Miami

State

FL

Zip Code

33126

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/25/00

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
DPS	Ancona, Carlos Bolio	881 Ocean Dr. #16-E	Key Biscayne, FL

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

7/26/00

Daytime Phone #

331-9943