

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



90 APR 22 PM 12:19  
 THE SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # V46417

1. Corporation Name  
**LITTLE HAITI GARAGE, INC**  
**7100 N MIAMI AVENUE**  
**MIAMI, FLORIDA 33150**

Principal Place of Business Mailing Address  
**7100 NORTH MIAMI AVENUE**  
**MIAMI, FLORIDA 33150**

300002861329-5  
 -05/04/99--01057--003  
 \*\*\*1200.00 \*\*\*1200.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

65-0344225

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	NELSON VOLTAIRE	461 N.E. 145th STREET	MIAMI, FLORIDA 33161
T/D	NELSON VOLTAIRE	461 N.E. 145th STREET	MIAMI, FLORIDA 33161
S/D	NELSON VOLTAIRE	461 N.E. 145th STREET	MIAMI, FLORIDA 33161

**REINSTATEMENT** 96-134 134/26/99

8. Name and Address of Current Registered Agent

**NELSON VOLTAIRE**

Signature of Registered Agent:

REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

Name: **NELSON VOLTAIRE**  
 Street Address (P.O. Box Number is Not Acceptable): **7100 N MIAMI AVENUE**  
 Suite, Apt. #, Etc.: **MIAMI, FLORIDA 33150**  
 City: **MIAMI** State: **FL** Zip Code: **33150**

Date: **04-19-1999**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

12. 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)(b), 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **04-19-1999** Daytime Phone #: **305-754-3720**

CPRE08-112-981