

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	Applied For
5. FEI Number	Not Applicable
65-0344225	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

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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 (See other side for information on intangible tax.)

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