

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
99 APR 26 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V48994**  
1. Corporation Name  
**C & C A/C AUTO SERVICES CORP.**

Principal Place of Business Mailing Address  
**3620 NW 30 AVE #A-105 MIAMI FL 33142** **3620 NW 30 AVE #A-105 MIAMI FL 33142**

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

2. New Principal Office Address, If Applicable: **2620 N.W. 26th STREET**  
Suite, Apt #, etc.  
City & State: **MIAMI, FLORIDA**  
Zip: **33142** Country: **DADE**

3. New Mailing Office Address, If Applicable: **SAME**  
Suite, Apt #, etc.  
City & State  
Zip Country

**REINSTATEMENT** *98-01-150 4/26/99*

4. Date Incorporated or Qualified To Do Business in Florida: **07/06/1992**

5. FEI Number: **65-0344837** Applied For:  Not Applicable:

6. CERTIFICATE OF STATUS DESIRED  **\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CARDOZA, JULIA	3620 N.W. 30TH AVE., #A105	MIAMI, FL 33142
VP	CASTILLO, ELIDA T.	3620 N.W. 30TH AVE., #D423	MIAMI, FL 33142

\*\*\*\*\*900.00 \*\*\*\*\*900.00

000002861750-4  
-05/19/99-01042-023

8. Name and Address of Current Registered Agent

**CARDOZA, JULIA**  
**3620 NW 30TH AVE #A105**  
**MIAMI FL 33142**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Julia E. Cardoza* REGISTERED AGENT MUST SIGN Date: **04/20/99**

11. This corporation owes or has paid 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)(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: *Julia E. Cardoza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JULIA CARDOZA - President**

Date: **04/20/99** (305) 633-7000

CR2E040 (9/98)