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
97 NOV 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 273296

1. Corporation Name
ACE DRIVEAWAY SYSTEM INC

Principal Place of Business	Mailing Address
~~11111 BISCAYNE BLVD #1855~~ ~~MIAMI FL 33181-3404~~	~~11111 BISCAYNE BLVD #1855~~ ~~MIAMI FL 33181-3404~~

REINSTATEMENT 97 ao

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
3802 NE 207th st	3802 NE 207th st
Suite, Apt. #, etc. #603	Suite, Apt. #, etc. #603
City & State Aventura Fl	City & State Aventura Fl
Zip 33180 Country	Zip 33180 Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/30/1963

5. FEI Number: 13-2585544 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LEVY, LARRY	11111 BISCAYNE BLVD 1855	MIAMI FL
V	BUFFA, ROBERT	11111 BISCAYNE BLVD 1855	MIAMI FL
			100002357271--1 -11/25/97--01085--004 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

LEVY, LARRY
11111 BISCAYNE BLVD. #1855
MIAMI FL 33161

9. Name and Address of New Registered Agent

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

CR2E040 (6/97)

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 L Levy Date 11-17-97
REGISTERED AGENT MUST SIGN

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: R Buffa Robert Buffa V 11-17-97 305-933-8126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #