

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037959

1. Corporation Name

BELL AUTO SALES, INC.

Principal Place of Business

Mailing Address

10715 SW 190 ST
SUITE 1
MIAMI FL 33177
US

10715 SW 190 ST
SUITE 1
MIAMI FL 33157
US

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

05/19/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0490928

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PTD	CERVERA, JOSE M	12541 SW 204 ST.	MIAMI FL 33177
			600003458506--3 -11/07/00--01140--028 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CERVERA, JOSE M
12541 SW 204 ST
MIAMI FL 33177

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Jose M Cervera **SIGNATURE REQUIRED**

Date

10/13/00

REGISTERED AGENT MUST SIGN

11. 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

Jose M Cervera **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/00

Daytime Phone #

CR2E040 (8/00)