

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 AM 8:00

DOCUMENT # P97000049078

1. Corporation Name

REINSTATEMENT

03-04

800028933138
02/17/04--01030--017 **150.00

800028933138
02/17/04--01030--016 **150.00

MRB

A-A AUTO SALES + SERVICE, INC.

2. Principal Office Address

1816 AVADRA ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

405 COUNT STREET

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

Country

32935

City & State

MELBOURNE, FL

Zip

Country

32901

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 4, 1997

5. FEI Number

59-3456756

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARMIN GOAT

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

405 ~~STREET~~ COUNT STREET

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Armin Goat

Date

2/10/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.D.</u>	<u>ARMIN GOAT</u>	<u>405 COUNT STREET</u> <u>1816</u>	<u>MELBOURNE, FL 32901</u>

10. 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: Armin Goat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMIN GOAT
PRESIDENT

Date

2/10/04 (321) 536-4568

Daytime Phone #

292

RAYMOND E. WASSER

Certified Public Accountant

Planning to help you get where you want to Grow

February 10, 2003
Florida Department of State
Division of Corporations
Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

Re: A-1 Auto Sales & Service, Inc.
59-3456756
Doc #P97000049078

Sirs:

Request is hereby made to file and re-establish A-1 Auto Sales and Service with the Division of Corporations. The business has been relocated three times within the past year, and the Owner, Armin Godt has been ill for varying times. The 2003 Uniform Business report for A-1 never was received, due to the business relocating. Enclosed is payment of \$300.00, for Uniform Business Report fees for 2003 and 2004, respectively.

Sincerely,



Raymond E. Wasser, CPA.