

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 27 AM 11:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000081922

1. Corporation Name

RENOVAUTOS, CORP.

Principal Place of Business

Mailing Address

7535 N.W. 70TH ST. MIAMI FL 33166

7535 N.W. 70TH ST. MIAMI FL 33166



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

4. Date Incorporated or Qualified To Do Business in Florida

09/15/1998

Suite, Apt. #, etc.

1612 NW 113 Way

Suite, Apt. #, etc.

1612 NW 113 Way

5. FEI Number

65-0867064

Applied For

Not Applicable

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

6. CERTIFICATE OF STATUS DESIRED

Zip

33026

Country

USA

Zip

33026

Country

USA

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for LONDONO, CARLOS ALBERTO at 15220 NW 7TH ST, PEMBROKE PINES FL 33028. Includes stamp: REINSTATEMENT 99.

600003087666--2 -01/04/00--01068--020 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONDONO, CARLOS ALBERTO 7535 N.W. 70TH ST. MIAMI FL 33166

Name

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

1612 NW 113 Way

Suite, Apt. #, Etc.

#

City

Pembroke Pines

State

FL

Zip Code

33026

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/99

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/99 954-7049335

Daytime Phone #