

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 16 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000041803**

1. Corporation Name

MATTA'S AUTO SALE, INC.

Principal Place of Business

Mailing Address

3340 S. STATE ROAD 7
MIRAMAR FL 33023
US

3215 S. STATE RD. 7
MIRAMAR FL 33023
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

05/07/1999

5. FEI Number

65-0920031

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	4 City / State / Zip
PD	MATA, MICHEL	3340 S. STATE ROAD 7	MIRAMAR FL 33023
VP	MELO OLGUIN, RAMON G	3340 S. STATE ROAD 7	MIRAMAR FL 33023
SD	MATTA, MICHEL	3340 S. STATE ROAD 7	MIRAMAR FL 33023
T	MELO OLGUIN, ROMULO E	3340 S. STATE ROAD 7	MIRAMAR FL 33023
			200025513542 12/16/09--01012--024 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATA, MICHEL
10030 N.W. 44 TERRACE
SUITE #110
MIAMI FL 33178

Name
MATA MICHEL
Street Address (P.O. Box Number is Not Acceptable)
5713 NW 1127L
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33178

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10-8-03

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)(f), 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

10-8-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)