

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 AUG 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

AUTO.SERGUZ INC.

p00 060117231

600007287526--7
-08/22/02--01059--020
****300.00 ****300.00

2. Principal Office Address

9797 south orange blossom trail

Suite, Apt. #, etc.

8

3. Mailing Office Address

9797 south orange blossom trail

Suite, Apt. #, etc.

8

City & State

orlando florida

City & State

orlando florida

Zip

32837

Country

usa

Zip

32837

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 18, 2000

5. FEI Number

59-3697031

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

HECTOR H. GUZMAN

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

6484 piccadilly lane

Suite, Apt. #, Etc.

City

orlando

State

FL

Zip Code

32835

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

Date

08-15-02

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
P	Hector H. Guzman	6484 piccadilly lane	orlando florida 32835
V	Jhon C. Guzman	6484 piccadilly lane	orlando florida 32835

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-15-02

Daytime Phone #

3212315276
3212315280