

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000037139**

1. Corporation Name

2000 AUTO SALES INC.

2. Principal Office Address

7220 N. MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI

FL

Zip

33150

Country

3. Mailing Office Address

7220 N MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI

FL

Zip

33150

Country

**FILED**

04 APR 14 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400033430804  
04/21/04--01028--010 \*\*1200.00

**REINSTATEMENT**

01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/1999

5. FEI Number

65 0924201

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

BATISTA ANGEL R

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

11330 SW 74 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date

04/13/04

**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
PD	BATISTA ANGEL R	11330 SW 74 Street	Miami FL11330
VD	BATISTA JENNY	11330 SW 74 ST	Miami FL 11330

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

04/13/04

Daytime Phone #

786-287-2009

CR2E081 (01/04)