

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 OCT 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



900023905259

10/17/08--01045--004 **150.00

DOCUMENT # **338917**

1. Corporation Name

AUTO TRACTOR INC

Principal Place of Business

Mailing Address

112 SW 5TH AVENUE
HOMESTEAD FL 33030

112 SW 5TH AVENUE
HOMESTEAD FL 33030

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1968

5. FEI Number

59-1267994

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GONZALEZ, MIGUEL ANDRES	13273 NW 1ST LANE	MIAMI FL 33182
VD	GONZALEZ, MICHAEL	13273 NW 1ST LANE	MIAMI FL 33182
SD	TRAVIESO, YADELIN	13273 NW 1ST LANE	MIAMI FL 33182

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, MIGUEL ANDRES
13273 NW 1STREET
MIAMI FL 33182

Name

Miguel Andres Gonzalez

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

20510 marlin Rd

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33189

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

REGISTERED AGENT MUST SIGN

Date

10/16/08

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

10/16/08

Daytime Phone #

October 16, 2003

RE: Document # 338917

Florida Department of State
409 East Gaines St
Tallahassee, FL 32399

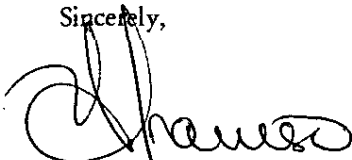
Dear Sir or Madam:

SUBJECT: APPLICATION FOR REINSTATEMENT

Please be informed that we did not receive the first application that you mailed. We have only received this notification. Enclosed please find the application filled out and a check (1164) in the amount of one hundred fifty dollars.

Should you have any questions, do not hesitate to contact me at 786-399-4187 or 786-488-8279.

Sincerely,



Yadelin Travieso
Secretary

Auto Tractor

Enclosure (1)

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