

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 25 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F000000004502

**1. Corporation Name**

Williamson Saturn of Miami  
Lakes, Inc

**2. Principal Office Address**

6200 NW 167th

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33014

Country

USA

**3. Mailing Office Address**

7815 SW 104th

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

USA

**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/20/00

TR

**5. FEI Number**

651030360

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

George E. Williamson II

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

7815 SW 104th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

000037948800  
06/15/04--01014--009 \*\*300.00

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/7/04

**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	George E. Williamson II	7815 SW 104th	Miami, FL 33156
VSP	Thomas W. Williamson	7815 SW 104th	Miami, FL 33156
VP	Louis Vera	7815 SW 104th	Miami, FL 33156
T	Carol F. Williamson	7815 SW 104th	Miami, FL 33156
AS	Vivian Reyes	7815 SW 104th	Miami, FL 33156

**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)(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]* Vivian Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-04 305-670-7110

Daytime Phone #

CR2ED01 (01/04)