

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7:30 AM 7:13

OFFICE OF STATE
TREASURER, FL

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000255187

1. Corporation Name

LIMITED AUTO SALES, LLC

800428882560
05/01/24--01003--001 **541.25

2. Principal Office Address - No P.O. Box #

2101 S. ANDREWS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE 105

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33316

Country

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2017

5. FET Number

☒ 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

NICHOLI SMITH

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

2101 S. ANDREWS AVE

Suite, Apt. #, Etc.

STE 105

City

FT. LAUDERDALE

State

FL

Zip Code

33316

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

/s/ Nicholi Smith

Date

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
AMBR	NICHOLI SMITH	2101 S. ANDREWS AVE	FT. LAUDERDALE, FL 33316

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

/s/ Nicholi Smith

NICHOLI SMITH - AMBR 04/22/204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #