

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 10 PM 2:20

DOCUMENT # L20081

1. Corporation Name

L & M AUTO CENTER INC

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

10400 SW 184TH TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

10400 SW 184TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/1989

5. FEI Number
65-0147704

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
ANTHONY BERNARD

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

9032 SW 152ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Anthony Bernard
REGISTERED AGENT, MUST SIGN

Date 3/4/10

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	LEONARD SHIELDS	10400 SW 184 TERRACE	MIAMI, FLORIDA 33157

10. E-mail Address: TESSA.HARRIS@GMAIL.COM

(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., 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.

SIGNATURE:

Leonard Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/10
Date

Daytime Phone #

KS
800171739668
03/10/10--01025--001 **600.00
REINSTATEMENT 07-10