MAY.26.1999 3:41PM NO.751 P.1/1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

96-99AR

99 MAY 18 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29474

1. Corporation Name
Rico Auto Sales, Corp
W99000011276

Principal Place of Business
5954 Thomas Street
Hollywood FL 33021

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 96-99

2. New Principal Office Address, if Applicable
Zuma Coris
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
11/13/89

5. FEI Number
650134202
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $0 (30 $ Additional Fee required for 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Zuma Coris	224 Tropical Dr. #740	Hollywood FL 33021
Sec	Zuma Coris	224 Tropical Dr. #740	Hollywood FL 33021

COMMERCIAL
-05/07/99--01015--006
***1208.75 ***1208.75

REINSTATEMENT 96-99

8. Name and Address of Current Registered Agent
Zuma Coris
224 Tropical Drive
Hollywood, FL 33021

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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.

Signature of Registered Agent _____ Date 5-26-97

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: ZUZMA CORIS 4/20/99 9549864464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

99 (P) (W)