

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L58578

1. Corporation Name

AUTOMART, INC.

Principal Place of Business

9105 N.W. 27TH AVE  
MIAMI FL 33147

Mailing Address

9105 N.W. 27TH AVE.  
MIAMI FL 33147

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

03/15/1990

5. FEI Number

59-3001711

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTV	CHAMORRO, JULIO M.	141 CRANDON BLVD #445	KEY BISCAWAYNE FL 33147
SD	CHAMORRO, JULIO M.	141 CRANDON BLVD #445	KEY BISCAWAYNE FL 33147

100002823621--3  
-03/30/98--01061--003  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

CHAMORRO, JULIO  
141 CRANDON BLVD. #445  
KEY BISCAWAYNE FL 33149

9. Name and Address of New Registered Agent

Name CHAMORRO, Julio  
Street Address (P.O. Box Number is Not Acceptable)  
151 Island Drive  
Suite, Apt. #, Etc.  
City Key Biscayne

State

Zip Code

FL

33149

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 03-15-98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-98

Date

Digitally Signed

CR2ED040 (9/98)