

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 OCT -3 AM 8:45

DOCUMENT # N02000009643

**1. Corporation Name**

National Automotive Association, Corp.

**2. Principal Office Address**

6801 W. 20th Avenue

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33014

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 05-06

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/16/2002

**5. FFL Number**

65-1208777

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

Fanny Marino

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

14520 Stirling Road

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33330

**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

REGISTERED AGENT MUST SIGN

Date 9/27/2006

**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
P/C	Fanny Marino	14520 Stirling Rd.	Southwest Ranches Fl. 33330
S/D	Nelson Martin	5341 SW 160 Ave.	Southwest Ranches, Fl 33331

**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 contained in Chapter 119, 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:

*Fanny I Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/2006

Date

Daytime Phone #

3 Attached OCT 10 2006