

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N95000000979

1. Corporation Name

AUTOMOTIVE SERVICE ASSOCIATION OF DADE COUNTY,
INC.

Principal Place of Business

Mailing Address

3005 NE 2ND AVE
MIAMI FL 33137-4113
US

13345 NW 7TH AVE
MIAMI FL 33168
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0573441

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	CORTEZ, GABRIEL	3005 NE 2ND AVE	MIAMI FL 33137
DS	SAENZ, MARLON	18631 SW 105TH PLACE	MIAMI FL 33147
D	GIROUX, MIKE	8825 SW 129 ST	MIAMI FL 33176
DT	MOORE, RICHARD	13345 NW 7TH AVE	N MIAMI FL 33168
DVM	CAMPOS, DANIEL	4000 W 16TH AVE	HIALEAH FL 33012
DVB	PIKE, MIKE	3828 NW 2ND AVE	MIAMI FL 33137

8. Name and Address of Current Registered Agent

RUBIN, JONATHAN R
9350 S DIXIE HWY, PH2
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name RICHARD MOORE
Street Address (P.O. Box Number is Not Acceptable)
13345 NW 7 AVE
Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33168

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

Richard Moore

Date 10/17/00

REGISTERED AGENT MUST SIGN

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 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:

Richard Moore RICHARD MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00 (305) 688-8400

Daytime Phone #

KE

FILED

00 OCT 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

BD

CR2ED40 (8/00)