

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 10:46

DOCUMENT # P00000000771

1. Corporation Name

PONI AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

16901 S. DIXIE HIGHWAY
MIAMI FL 33157

16901 S. DIXIE HIGHWAY
MIAMI FL 33157



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

01/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0971652

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	GARCIA, ELOY SR.	16901 S. DIXIE HIGHWAY	MIAMI FL 33157
PSTD	MENDIZABEL, NICOLAS	16901 S. DIXIE HIGHWAY	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDIZABEL, NICOLAS
16901 S. DIXIE HIGHWAY
MIAMI FL 33157

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nicolas Mendizabel 10/16/01 (305) 525-7137

CR200-00 (8/01)

PONI AUTOMOTIVE, INC.

16901 S. DIXIE HIGHWAY
MIAMI, FLORIDA 33157

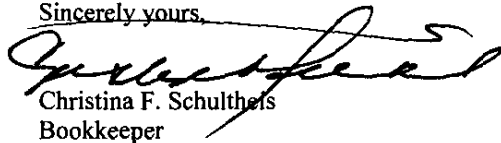
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

Dear Gentlemen:

I am sending you the following letter as you requested in our telephone conversation. Apparently it was lost on the mail your form requesting our FEI number. Enclosed you find the reinstatement application with our officer signature and our FEI number.

Thank you in advance for your attention into this matter.

Sincerely yours,



Christina F. Schultheis
Bookkeeper