

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000004727**

**1. Corporation Name**

JON'S AUTO SALES, INC.

1730 N.W. 22 Street

**2. Principal Office Address**

1730 N.W. 22 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
04 JUN 30 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-21

**4. Date Incorporated or Qualified**

To Do Business in Florida 01-14-2000

**5. FEI Number**

65-0968104

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

Josefina Gratreux

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

1730 N.W. 22 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

800038643628

07/02/04--01050--002 \*\*1090.00

**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

*Josefa Gratreux*  
REGISTERED AGENT MUST SIGN

Date June 18, 2004

**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	Josefina Gratreux	1730 N.W. 22 Street	Miami, Florida 33142
VP	Odalys Gratreux	1730 N.W. 22 Street	Miami, Florida 33142

**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 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:**

*Josefa Gratreux*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 18, 2004 305-792-7661

Date

Daytime Phone #

CR2E081 (01/04)