

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 19 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007930

1. Corporation Name

VEHICLES 4 SALES, INC.

2. Principal Office Address

P.O. BOX 813519

3. Mailing Office Address

P.O. BOX 813519

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number

☒ 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

ESTELA VILLALONA

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

8600 N. SHERMAN CIRCLE

Suite, Apt. #, Etc.

BUILDING #9, Apt. #507

City

MIRAMAR

State

FL

Zip Code

33025

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

*Estela Villalona*

REGISTERED AGENT MUST SIGN

Date JULY 16, 2002

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
PVTS	ESTELA VILLALONA	8600 N. SHERMAN CIRCLE	MIRAMAR, FL 33025
		BUILDING #9, Apt. #507	

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:

*Estela Villalona*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/02

Date

786-236-2231

Daytime Phone #

CR2E081 (9/01)

7/19/02

VEHICLES 4 SALES, INC.  
P.O. BOX 813519  
HOLLYWOOD, FL 33021

July 16, 2002

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

RE: DOCUMENT # P00000007930

Dear Sir or Madam:

By this I want to request the waiver of penalties to reinstate my Corporation, because I never got the URB form to keep active the Corporation Registration with the Division of Corporations

Attached I am sending a check No. 1601 for the amount of \$308.00 to cover the fees for the URB 2001 and 2002 plus \$8.00 to received a certificate of status.

I hope you understand me and help to keep my business active, even is known that after September 11, 2001, most of the business are in difficulties due to the market crisis, and we are trying to survive.

I will be waiting your kind reply to my request. Thanks in advance.

Sincerely,

  
ESTELA VILLALONA  
President/Secretary