


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1042

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 23 AM 11:27

DOCUMENT # P00000011591

1. Corporation Name

AUTORUS, INC.

W04 - 41169

Principal Place of Business

Mailing Address

1980 S GLADES #8  
N MIAMI BEACH FL 33162

1980 S GLADES #8  
N MIAMI BEACH FL 33162

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2000

5. FEI Number

65-0986922

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SANTA CRUZ, EDWIN	1980 S GLADES #8	N MIAMI BEACH FL 33162
V	SANTA CRUZ, EDUARDO	1980 S GLADES #8	N MIAMI BEACH FL 33162

600042435926  
12/02/04--01048--002 \*\*158.75

600042435926  
11/03/04--01027--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RENESTO, WALTER JR.  
130 S. SHORE DR., #4C  
MIAMI BEACH FL 33141

Name

EDWIN SANTA CRUZ

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

1980 S. GLADES #8

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State

FL

Zip Code

33162

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/01/04

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/04

Daytime Phone #

CR2E040 (7/03)

pg 2 of 2

**A & M ACCOUNTING & MANAGEMENT CO. INC.**  
**Professional Accounting Services & Income**  
**Member of National Society of Accounting & Certified Tax Professional**  
**Notary Public**  
1691 N.E. 123rd. St. N. Miami, Fl. 33181- TE# (305) 893-2670 FAX# (305) 893-7231  
E-Mail : A J M R @ Bell South. Net

**Nov. 01, 2004**

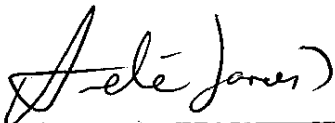
**Florida Dept. of State**  
**Division of Corporation**  
**Annual Report Section**

**Ref: AUTORUS, INC.**  
**Doc. # P00000011591 01-28-2000**

**Dear Sir**

**Per our Telephone Conversation I send you a check # 94 per \$ 150.00 paying the Annual Fee . I appreciate you please waived the penalties. Mr. Santa Cruz, did not know he has to pay the report without your notification.**

**Thank you, very much**



**Amelia Javier**  
**Public Accountant**