

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR -6 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000031977**

**1. Corporation Name**

Mowatt's Auto Sales Inc.

**2. Principal Office Address**

204-B NW 2nd Ave.

Suite, Apt. #, etc.

City & State

Hallandale Beach

Zip

33009

Country

U.S.A.

**3. Mailing Office Address**

204-B NW 2nd Ave.

Suite, Apt. #, etc.

City & State

Hallandale Beach

Zip

33009

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March 29, 2000.

**5. REI Number**

65-0995236

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

**\$3.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT 01-02**

**7. Name and Address of Current Registered Agent**

Name

Howard M. Mowatt

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

19625 NW 8 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

700005194247-5

-04/05/02--01015--028

\*\*\*\*908.75 \*\*\*\*908.75

**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 Howard Mowatt

REGISTERED AGENT MUST SIGN

Date March 2, 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
Director	Howard M. Mowatt	19625 NW 8 Ct.	Miami, FL 33109

**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:** Howard Mowatt

Howard Mowatt

03-02-02

954-456-6970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)