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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: D

Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. Date Incorporated or Qualified To Do Business in Florida   April   D, 2000	PLEASE READ ALL INSTRUCTIONS BEFORE		
1. Corporation Name  EGS+ Coas+ Auto Brokers, Corp.  2. Principal Office Address 2. Mailing Office Address 3. Mailing Office Address 4. Date Incorporated Challette April 10, 2000 4. State Address in Foods 4. Date Incorporated Challette April 10, 2000 5. FELWinther 1. Description of Office Address 5. FELWinther 1. Description of Office Address 6. FELWinther 1. Description of Office Address	REINSTATEMENT Katherine Harris Secretary of State	02 JAN 16 PM 3: 55	
Sille, Apt. R. Etc.  City & State  Country  Coun	DOCUMENT #P000000 36733  1. Corporation Name EGS+ Coas+ Auto Brokers, Corp. 2568		
City & State    City & State   City	2600 SW 89 Avenue 2000 SW 89 AVR	6000047974765 -01/25/0201029012 *****300.00 *****300.00	
7. Name and Address of Current Registered Agent  Name Ginny Del Fado Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apt. #, Etc.  City Miam  Registered agent/Life above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Registered Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Difficers and/or Directors  Officer and/or Director Director  Officer and/or Director Di	City & State  City & State  City & State  Mami, FU  Miami, FU	To Do Business in Florida April 0, 2000  5. FEI Number  Applied For	
7. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Miami  8. I., being appointed the registered agenyot/he above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fiel at least 3 directors)  Name of Officer and/or Directors  Officer and/or Director  Officer and/or Director  Director Andresses of Each Officer and/or Director (Florida nonprofit corporations must fiel at least 3 directors)  D. Gunny Dol Prado  2 UND SW 89 Ave  Mi Ami C 3 3 1 0 5  D. Guillermo Dol Prado  2 UND SW 89 Ave  Mi Ami C 3 3 1 0 5  Mi Ami C 3 3 1 0 5  D. Guillermo Dol Prado  Officer and/or Origination in the reason for dissolution has been eliminated the reinstatement application, the reason for dissolution has been eliminated on this application is true and accurate, and my signature shall have the same legal effect as if made under outh.  SIGNATURE:		CERTIFICATE OF CTATUS RECIPES ACCUMENTATION ACCUMENTS	
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 REGISTERED AGENT MUST SIGN  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 Directors Officer and/or Director Office	Name GINNI Del Frado  Street Address (P.O. Box Number is Not Acceptable) 2000 SW 89 Avenue  Suite, Apt. #, Etc.  City Alice Zip Code		
Tilles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  Dellardo 2000 SW 89 Ave Miami, Co33105  Dellarmo Dellardo 2000 SW 89 Ave Miami, Co33105  Dellarmo Dellardo 2000 SW 89 Ave Miami, Co33105  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 filling 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 peld 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 ceth.	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  Date  1 10 2002		
Officers and/or Directors  Officers and/or Director  Officers and/or D	Name of Control of Con	ch	
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January 10, 2002

ATTN: Reinstatement
Department of State Division of Corporations
409 East Gaines Street
Tallahassee, Florida
Ref: Request for Reinstatement and waive of fees

To whom it may concern:

Please accept this letter as a notification that I never received my Uniform Business Report and am attempting to reinstate my corporation to active status.

I am asking that you please accept my enclosed payment of \$300.00 and waive the assessed late fees. The mailing address listed on file is a residence, and the post office may have not delivered the report because it was addressed to a business. If possible, please put it to my attention in the future.

Thank you,

Ginny Del Prado Owner- Director East Coast Auto Broker, Corp 2600 SW 89 Ave Miami, FL 33165 (305) 715-1162 Document#P00000036733