

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P000000 36733

1. Corporation Name

East Coast Auto Brokers, Corp.

2001-02  
4BR

2. Principal Office Address

2600 SW 89 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2600 SW 89 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

US

Zip

33165

Country

600004797476--5

-01/25/02--01029--012

\*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

April 10, 2000

5. FEI Number

605-1014482

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

Ginny Del Prado

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

2600 SW 89 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Date

1/10/2002

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
D	Ginny Del Prado	2600 SW 89 Ave	Miami, FL 33165
D	Guillermo Del Prado	2600 SW 89 Ave	Miami, FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2002

Date

Daytime Phone #

305-715-1162

CR2E081 (8/01)

202

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