

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -1 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000058789*

1. Corporation Name

FOREIGN AUTO CORPORATION

2. Principal Office Address

6118 NW 11TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

Country

33313

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/00

5. FEI Number

65-1021140

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

JOHN DYER

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

7190 SIENNA RIDGE DRIVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/16/04

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
<i>PRES</i>	<i>JOHN DYER</i>	<i>7190 SIENNA RIDGE DR LAUDERHILL, FL 33319</i>	<i>LAUDERHILL, FL 33319</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/04 954-584-4464

CP2E081 (01/04)

9-16-2004

RE: DOCUMENT# P00000058789
FOREIGN AUTO CORP.
6148.N.W 11TH ST SUNRISE FL, 33313

ATT: FLORIDA DEPARTMENT OF STATE

TO WHOME IT MAY COMCERN:

MY ADRESS WAS CHANGE, DUE TO THAT I NEVER RECEIVE THE
CORPORATON REINSTATEMENT NOTICE.

THANK YOU

JOHN DYER
