

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071681

1. Corporation Name

Kars R-us Auto Sales Inc.

2. Principal Office Address

2729 NW 56 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

U.S.A.

3. Mailing Office Address

210 Fontainebleau Blvd

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33172

Country

U.S.A.

200029405082
02/25/04--01071--006 **90.00

4. Date Incorporated or Qualified
To Do Business in Florida

07-26-00

5. FEI Number

65-1028569

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

Brigida Guardiola

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

210 Fontainebleau Blvd

Suite, Apt. #, Etc.

509

City

Miami

State

FL

Zip Code

33172

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

Brigida Guardiola
REGISTERED AGENT MUST SIGN

Date Feb-19-2004

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
P	Brigida Guardiola	210 Fontainebleau 509	Miami FL 33172
S-T	Roberto Nieto	" "	" "

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: *Brigida Guardiola* *Brigida Guardiola* Feb-19-04 305 992-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)