

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 20 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000086601

1. Corporation Name

Smart Guy Auto Corp.

800137072398
10/20/08--01045--020 **1650.00

2. Principal Office Address - No P.O. Box #

1395 Brickell Ave.

Suite, Apt. #, etc.

Suite #800

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

2723 SW 156 Ave.

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33185

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2000

5. FEI Number

651059647

☐ 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

Lionel Claude Jr.

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

2723 SW 156 Ave.

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33185

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10/1/08

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	Lionel Claude Jr	2723 SW 156 Ave.	Miami, FL 33185
S	Shauna Claude	2723 SW 156 Ave.	Miami, FL 33185

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 contained in Chapter 119, 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

10/1/08
Date

(705) 300-3600
Daytime Phone #