

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

01 OCT 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087618

1. Corporation Name

VERASER AUTO SALES, INC.

Principal Place of Business

3731 NW 25 STREET
MIAMI FL 33142

Mailing Address

3731 NW 25 STREET
MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2000

5. FEI Number

05-1039837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HACES, MARIA	8465 SW 76 TERRACE	MIAMI FL 33143
D	BARRERA, JACQUELINE	8465 SW 76 TERRACE	MIAMI FL 33143
D/P	HACES, MARIA	7480 SW 121 COURT	MIAMI FL 33183
D/V	BARRERA, JACQUELINE	7480 SW 121 COURT	MIAMI FL 33183
			800004662908--7 -11/01/01--01054--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

HACES, MARIA
8465 SW 76 TERRACE
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name **BARRERA, JACQUELINE**
Street Address (P.O. Box Number is Not Acceptable)
7480 SW 121 COURT
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33183**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Jacqueline Barrera
REGISTERED AGENT MUST SIGN

Date **10-12-01**

11. 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: *Jacqueline Barrera* JACQUELINE BARRERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01 305-634-1003
Date Daytime Phone #

CR2E040 (8/01)