

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092390

1. Corporation Name **COFFY USED AUTO SALES, INC.**

REINSTATEMENT 01-02

04/12/01 90007 010 150.00

2. Principal Office Address

530 NW 71st ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL 33150

City & State

Zip

33150

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/2000

5. FEI Number

65-1063900

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

AMION COFFY

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

14495 NE 10th Ave

Suite, Apt. #, Etc.

City

N. Miami

State
FL

Zip Code
33161

400005678704--3

06/05/02--01002--004

***750.00 ***750.00

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

Amion Coffy

REGISTERED AGENT MUST SIGN

Date 4/01/02

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
Pres	Amion Coffy	14495 NE 10th Ave	N.Miami, FL 33161

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:

Amion Coffy

4/01/02

(305) 756-7177

Date

Daytime Phone #

CR2E081 (9/01)

5/28/02