

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101739

1. Corporation Name

DYNAMIC AUTO SALES OF SOUTH FLORIDA, INC.

Principal Place of Business

480 EAST 25TH STREET  
HIALEAH FL

Mailing Address

480 EAST 25TH STREET  
HIALEAH FL

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or  
To Do Business in Florida

10/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1081483

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	ALEXANDER, LOUIS	12100 S.W. 47 STREET	MIAMI FL 33175
D	DIAZ, ORESTES	12100 S.W. 47 STREET	MIAMI FL 33175

800013552568

03/18/03--01040--025 \*\*758.75

800013552568

03/05/03--01066--003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXANDER, LOUIS  
12100 S.W. 47 STREET  
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Louis Alexander*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

2/21/03

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:

*[Signature]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)