PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 15 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107579

REINSTATEMENT 01

1. Corporation Name

Autocom Dealer Corp.

2. Principal Office Address	**3.** Mailing Office Address
5803 S.W 152 ct.	5803 S.W 152 ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - Florida	City & State: Miami - Florida
Zip: 33193 Country: USA	Zip: 33193 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Nov. 17, 2000

5. FEI Number: 65-1062631 ☐ 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: Federico Wulff

Street Address (P.O. Box Number is Not Acceptable): 365 NE 125 St.

300004693623--0
-11/26/01--01074--004
*****750.00 *****50.00

Suite, Apt. #, Etc.: # 409

City: North Miami | State: FL | Zip Code: 33161

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: _____ Date: 11-14-01
REGISTERED AGENT MUST SIGN

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
President	Federico G. Wulff	365 NE 125 St. Apt. 409 N. Miami FL 33161	N. Miami, FL 33161
Vice President	Norma Aguirre	5803 S.W 152 ct.	Miami, FL 33193
Vice President	Joaquin Aja	6621 S.W. 19 St.	Miramar, FL 33023
Treasurer	Santiago Monroy	5803 S.W. 152 ct.	Miami, FL 33193
Secretary	Ana L. Aguirre	5803 S.W. 152 ct.	Miami, FL 33193
Director	Roberto Monroy	5803 S.W 152 ct.	Miami, FL 33193

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: _____ Federico G. Wulff 11-14-01 (305) 892-2267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AUTOCOM DEALER CORP. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
X	Reinstatement
	Trademark
	Other

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Examiner's Initials	