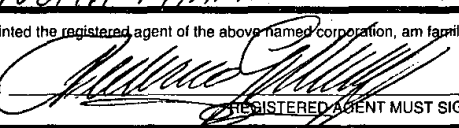
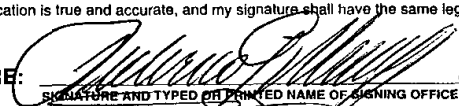


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO0000107579			
1. Corporation Name Autocom Dealer Corp.			
2. Principal Office Address 5803 S.W. 152 ct.		3. Mailing Office Address 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	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For Not Applicable	
7. Name and Address of Current Registered Agent		8.75 Additional Fee required for a Certificate of Status	
Name Federico Wolff			
Street Address (P.O. Box Number is Not Acceptable) 365 NE 125 St.			
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	
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. Wolff	365 NE 125 St. # 409 N. MIAMI FL 33161	N. MIAMI, FL 33161
Vice President	NORMA AGUIRRE	5803 S.W. 152 ct.	MIAMI, FL 33193
Vice President	Joaquin Riza	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: 		Date 11-14-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 892-2267	

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	
☒	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
☒	Reinstatement
☐	Trademark
☐	Other

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials