

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 19 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000107579**

1. Corporation Name

AUTOCON DEALER CORP.

2. Principal Office Address

5803 S.W. 152 Ct.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33193

Country

USA

3. Mailing Office Address

5803 S.W. 152 Ct.

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33193

Country

USA

RA

REINSTATEMENT 01-02

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

Roberto J. MAYORGA

100005194271--1

-04/05/02--01017--008

******700.00 ****700.00**

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

11330 S.W. 157 Ct.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

X Roberto J. Mayorga

REGISTERED AGENT MUST SIGN

Date **3/18/02**

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
P&T	ROBERTO J. MAYORGA	11330 S.W. 157 Ct. MIAMI, FL 33196	MIAMI - FL - 33196
S	ANA L. AGUIRRE	5803 S.W. 152 Ct.	MIAMI - FL - 33193
			100005194271--1 -04/05/02--01017--009 ****200.00 ****200.00

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: **X Roberto J. Mayorga**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto J. MAYORGA

Date

3-18-02 (305) 385-9565

Daytime Phone #