

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN -7 PM 3:57  
STATE OF FLORIDA

DOCUMENT # P00000101519

1. Corporation Name

AUTOCOM DEALER CORP

2. Principal Office Address

7827 NW 53 ST

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

Zip

33166

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

04-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

651062631

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

NORMA AGUIRRE

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

5803 SW 152 CT

200055856152

Suite, Apt. #, Etc.

06/07/05--01052--009 \*\*900 00

City

MIAMI

State

FL

Zip Code

33193

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

Norma Aguirre

REGISTERED AGENT MUST SIGN

Date 03-11-05

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
<u>P</u>	<u>NORMA AGUIRRE</u>	<u>5803 SW 152 CT</u>	<u>MIAMI FL 33193</u>
<u>VP</u>	<u>SANTIAGO MONROY</u>	<u>5803 SW 152 CT</u>	<u>MIAMI FL 33193</u>
<u>S</u>	<u>ANA AGUIRRE</u>	<u>5803 SW 152 CT</u>	<u>MIAMI FL 33193</u>

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:

Ana Aguirre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana Aguirre 03/11/05 305)418-8501

Date

Daytime Phone #

CR2E081 (01/05)

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