

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 17 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113649

1. Corporation Name

JAH Auto Sales Inc.

2. Principal Office Address

4850 S. Orange Blossom Trail (same)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

32839 U.S.A.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/2000

5. FEI Number

59-370-6375

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

Octavio Abreu

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

49 W. MARISSA WAY

Suite, Apt. #, Etc.

City

B. SS. MMEE

State

FL

Zip Code

32743

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/04

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	Octavio Abreu	49 W. MARISSA WAY	B. SS. MMEE FL 32743
V-President	JUANA A. ABRU	9312 HERITAGE RD #308	Orlando FL 32825
Secretary	GREGORY S. ANTON	2920 LK. ARNOLD PL	ORLANDO, FL 32806

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:

[Signature] OCTAVIO ABRU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/04
Date

407-850-9379
Daytime Phone #

CR2E081 (01/04)