

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000018428

1. Corporation Name

RIZZO AUTO SALES, INC

2. Principal Office Address

1782 NW 36TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1782 NW 36TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02-19-2001

5. FEI Number

65-1078952

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

ORLANDO A. RIZZO

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

11275 SW 161ST AVE

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 09/30/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | ORLANDO A. RIZZO                     | 11275 SW 161ST AVE                                | MIAMI, FL 33196    |
| VD     | CARMENZA RUBIANO                     | 11275 SW 161ST AVE                                | MIAMI, FL 33196    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/03

Date

305-635-5800

Daytime Phone #

CR2E081 (10/02)

21 10/6