PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030061

1. Corporation Name

AML AUTO SALES, CORP.

400034540774
04/29/04--01013--016 **300.00

2. Principal Office Address		**3.** Mailing Office Address	
7831 NW 170 ST.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI			
Zip	Country	Zip	Country
FLORIDA	33015		

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1084993 ☐ 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: ALEXIS LUGO

Street Address (P.O. Box Number is Not Acceptable): 7831 NW 170 ST.

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33015

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 04/26/2004

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRE	ALEXIS LUGO	7831 NW 170 ST.	MIAMI, FL 33015

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: _____ 04/26/2004 (786)367-8102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
AML AUTO SALES, CORP.
DOCUMENT # P01000030061

April 26, 2004

To Whom It May Concern:

I am sending this letter to explain the reason why I did not send to you the form applied for the annual report for the year 2003, because we change our business location the new address is 7831 NW 170 Street Miami, Florida 33015 and we never received the form required.

If you have any question do not hesitate to contact me at (786)367-8102.

Sincerely,

Alexis Lugo
President