

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 21 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # PO1000035140

1. Corporation Name

Lopez Auto Broker, Inc.

2. Principal Office Address

3. Mailing Office Address

2552 US Highway 17/92 N.

P.O. Box 984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Davenport, FL

Zip

33844

Country

PolK

Zip

33836

Country

PolK

200016962672

04/24/03--01056--032 **308.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/2/01

5. FEI Number

59-3713345

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos M. Lopez

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

3217 Windmill Pt. Blvd.

Suite, Apt. #, Etc.

R

City

Kissimmee

State

FL

Zip Code

34746

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

Carlos M. Lopez

Date 4-19-03

REGISTERED AGENT MUST SIGN

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
S	Lourdes Lopez	3217 Windmill Pt. Blvd.	Kissimmee, FL 34746
P	Carlos M Lopez	3217 Windmill Pt Blvd	Kissimmee, FL 34746

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:

Carlos M. Lopez

CARLOS M. LOPEZ

4-19-03

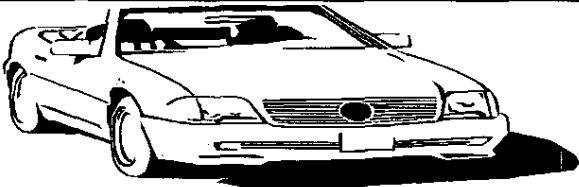
Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

LOPEZ AUTO BROKER, INC.



863-422-7756

2552 US HIGHWAY 17/92 N. HAINES CITY, FL 33844
MAILING ADDRESS: P.O. BOX 984 DAVENPORT, FL 33836

~~March 17, 2003.~~

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation
Lopez Auto Broker, Inc.
Docket # P01000035140

Dear Sirs:

Enclosed please find our company check in the amount of \$308.75 to reinstate above Corporation.

If you have any questions, please feel free to call us at the above telephone number. Thank you.

Sincerely,


Carlos M. Lopez
President