

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # P01000091687

1. Corporation Name

LATIN AUTO DEALERSHIP CORP.

**REINSTATEMENT** 02-03

2. Principal Office Address

14575 WEST DIXIE HWY.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami, FLA

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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

MARTA A. ESPINOSA

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

14575 WEST DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33161

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

Marta Espinosa

REGISTERED AGENT MUST SIGN

Date

11/11/03

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
PD	MARTA ALICIA ESPINOSA	14575 WEST DIXIE HWY	N. Miami FL, 33161

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:

Marta A. Espinosa MARTA A. ESPINOSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-11-03 (305) 940-6489

Daytime Phone #

CR2E061 (10/02)