

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094508

1. Corporation Name

U-RYDE AUTO SALES INC.

Principal Place of Business

661 NW 156 AVE.  
PEMBROKE PINES FL 33028

Mailing Address

661 NW 156 AVE.  
PEMBROKE PINES FL 33028

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/2001

5. FEI Number

04-3717659

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PST

LYN, RICKARDO A

661 NW 156 AVE.

PEMBROKE PINES FL 33028

VPD

LYN, RICKARDO A

661 NW 156 AVE.

PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

LYN, RICKARDO A

661 NW 156 AVE.

PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/2002

11. 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

Date

Daytime Phone #

10/22/2002 954/31-7600

CR20040 (802)

**U-RYDE AUTO SALES INC.**

661 NW 156 AVE.  
PEMBROKE PINES FL 33028

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Phone 954-450-2132

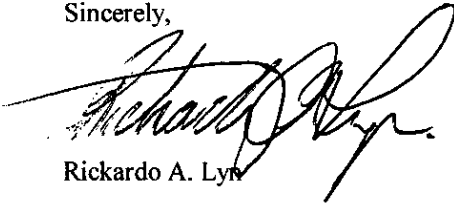
October 22, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Please reinstate U -Ryde Auto Sales Inc., document # P01000094508. On 02/12/2002 I sent a check #1053 in the amount of \$150.00. We did not recive any other letters from you until now. U-Ryde Auto Sales Inc., FEI# 04-3717659.

Please waive all reinsatatement fee. Thank you.

Sincerely,



Rickardo A. Lyn