

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098662

1. Corporation Name

L. AND L. USA AUTO 2000 CORP.

2. Principal Office Address

2284 W 8TH CT

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33010

Country

USA

3. Mailing Office Address

2284 W 8TH CT

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33010

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

05/03/05 90105 034 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

651143682

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

LAZARO RODRIGUEZ

700075973167

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

2284 W 8TH CT

06/08/06 01008 018 **\$0.00

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

Lazaro Rodriguez

Date 5/18/2006

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
PD	LAZARO RODRIGUEZ	2284 W 8TH CT	HIALEAH, FL 33010
		<i>[Signature]</i>	

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 contained in Chapter 119, 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:

Lazaro Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/2006

Date

305-885-5046

Daytime Phone #