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 29 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099153

1. Corporation Name

GERMAN AUTOS, INC.

Principal Place of Business	Mailing Address
3401 NE 6 TERR POMPANO BEACH FL 33064	3401 NE 6 TERR POMPANO BEACH FL 33064

300008674213
10/29/02--01132--023 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/09/2001

5. FEI Number: 65-1146087 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Peter H. Brolmann	3853 NW 1st Drive	Deerfield Beach, FL 33442
Vice President	Ariany C. Brolmann	3853 NW 1st Drive	Deerfield Beach, FL 33442

8. Name and Address of Current Registered Agent

GERMAN, MARIO D J.D.
100 E SAMPLE RD STE 320
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name: Monique Troncone, CPA, PA
Street Address (P.O. Box Number is Not Acceptable): 499 E Palmetto Park Rd
Suite, Apt. #, Etc.: 207
City: Boca Raton | State: FL | Zip Code: 33432

CR2E040 (8/02)

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 REQUIRED Date: 10/24/02
REGISTERED AGENT MUST SIGN

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 REQUIRED 10/22/02 (954)781-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Professional Accounting & Tax Solutions, Inc.

Accounting Firm

499 E. Palmetto Park Road, Suite 207
Boca Raton, Florida 33432

Telephone 561-338-5158
Fax 561-338-5081
E-mail moniq0505@msn.com

Monique Troncone,CPA. PA.
Petrona Raymond
Verona Colstock

Members of:
AICPA
FICPA
CIA

October 24,

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

Dear Sir or Madam:

Please be advised that this is the first time we are receiving this report. We were incorporated last year in October 09, 2001 And we did not received any other reports from your office prior to this application for reinstatement.

With all your respect we are requesting an abatement of this penalty since we did not receive a report on time.

We appreciate your cooperation

Sincerely,

Monique Troncone, CPA. PA

CC. Peter M. Brolmann