

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 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112335

1. Corporation Name

PREMIER IMPORTS AND CUSTOM AUTO PARTS INC.

Principal Place of Business

Mailing Address

~~7931 WEST 6TH AVENUE~~
~~HIALEAH FL 33014~~

7931 WEST 6TH AVENUE
HIALEAH FL 33014

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

2. New Principal Office Address, If Applicable

1181 WEST 68 ST

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NONE

City & State
HIALEAH, FL

City & State

Zip
33014

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

5. FEI Number

23-05-533736-24-6
60-0000-347

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BOMBINO, GILBERTO	7931 WEST 6TH AVENUE	HIALEAH FL 33014
SVD	BOMBINO, ILEANA	7931 WEST 6TH AVENUE	HIALEAH FL 33014
			400008600034 10/25/02--01108--020 **150.00
NOTE: THE FORM WHICH INDICATED OF SVOL PAYMENT WAS NEVER RECEIVED BY RECEIPT. PLEASE IF ANY QUESTION CALL ME AT (305) 817-8383			

8. Name and Address of Current Registered Agent

BOMBINO, GILBERTO
7931 WEST 6TH AVENUE
HIALEAH FL 33014

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]
REGISTERED AGENT MUST SIGN

Date

10-21-2002

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

10-21-2002

Daytime Phone #

(305) 817-8383

CR2E040 (8/02)