PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029141**

1. Corporation Name

A.M. AUTO TECH, INC.

Principal Place of Business	Mailing Address
4030-4040 SW 98 AVENUE MIAMI FL 33165	4030-4040 SW 98 AVENUE MIAMI FL 33165

REINSTATEMENT 03

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: 03/18/2002

5. FEI Number: 01-0624269 ☐ 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
PSTD	MARTINEZ, ALBERTO	~~5505 NW 7TH STREET SUITE W401~~ 4030 SW 98 AVE	MIAMI FL ~~33126~~ 33165
VD	AMADOR, MARINO	~~8945~~ SW 41 TERRACE 8825	MIAMI FL 33165

200024014772
10/22/03--01055--016 **150.00

8. Name and Address of Current Registered Agent

CAST, LOUISE F
8405 NW 53RD STREET
SUITE C
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name: CAST, LOUIS F.
Street Address (P.O. Box Number is Not Acceptable): 4805 NW 79 AVE
Suite, Apt. #, Etc.: SUITE 79
City: MIAMI State: FL Zip Code: 33166

CR2E040 (7/03)

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] Date: 10.10.03
REGISTERED AGENT MUST SIGN LOUIS F. CAST

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] ALBERTO MARTINEZ 10.10.03 (305) 221-9826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

State of Florida
Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

Rec'd 10/10/03

The below named corporation having ~~failed to file~~ its 2003 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective September 19, 2003.

Enclosed please find renewal check for $150 - Did not receive any prior notices. Kindly waive any penalties. Thank You.

Corporation Name: A.M. AUTO TECH, INC.

Document Number: P02000029141

Alberto Martinez, President

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the 19th day of September, 2003. 10/10/03

Glenda E. Hood

Glenda E. Hood
Secretary of State