

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031407

1. Corporation Name J J AUTO SALES USA INC
8643 ATLANTIC BLVD
Jax. FL 32211

REINSTATEMENT 03

11/06/03--01046--015 **750.00

2. Principal Office Address

8643 Atlantic Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax. FL 32211

City & State

Zip

Country

Zip

Country

32211

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3571344

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

JAN MUROZA

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

1941 Spoonbill Street

Suite, Apt. #, Etc.

City

Jacksonville FL 32224

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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
P	JAN MUROZA	1941 Spoonbill Street Jax. FL 32224	Jax. FL 32224
V.P.	JANKA MUROZOVA	1941 Spoonbill Street Jax. FL 32224	Jax. FL 32224

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 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:

Jax. Muroza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #

509-3792

CR2E081 (10/02)