

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 14 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P02000051025

1. Corporation Name

AUTO LIBERTY, INC.

Principal Place of Business

Mailing Address

4251 N. STATE ROAD 7
HOLLYWOOD FL 33021

4251 N. STATE ROAD 7
HOLLYWOOD FL 33021

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	ABECASSIS, JEROME ALBERT	208 N UNIVERSITY DRIVE 3530 MISTIC Pointe DRIVE # 500 Apt # 1509 Aventura, FL 33180	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOYAL, PATRICK
208 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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 REQUIRED

Date

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 786-277-4163

Date

Daytime Phone #

MOYAL ACCOUNTING SERVICES, INC

**208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024**

October 10, 2003

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR AUTO LIBERTY, INC
DOC # H02000135497 4

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR AUTO LIBERTY, INC \$ 150.00 FOR 2003. THE CORPORATION HAS MOVED SEVERAL TIMES OVER THE CURRENT YEAR AND PAST YEAR AND HAS NEVER RECEIVED THE 2003 ANNUAL REPORT. BEING HIS FIRST YEAR ON A BUSINESS VISA THE OWNER WAS NOT AWARE OF THE ANNUAL RENEWAL.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

SINCERELY,



PATRICK R. MOYAL



JEROME ABECASSIS PRES.

**TEL: 954-430-3930
FAX: 954-430-3939
EMAIL: PMOYAL@MSN.COM**