

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 30 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02090052577

1. Corporation Name

A&J AUTO BROKERS CORP

2. Principal Office Address

18265 ne 4th ct

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami fla.

City & State

Zip

33162

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/2002

5. FEI Number

571194421

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

RENEE BRETON

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

2801 NE 183 RD ST

Suite, Apt. #, Etc.

1709

City

MIAMI

State

FL

Zip Code

33160

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

[Signature]

Date 3-22-05

REGISTERED AGENT MUST SIGN

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
PRES	JEFF KAUFMAN	2215 SECCOFFEE TERR	MIAMI FLA. 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

Date

305-770-4047

Daytime Phone #

CR2E081 (01/05)

T. Roberts APR 07 2005