

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 DEC -1 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000079151**

1. Corporation Name

**AUTO WORLD ENTERPRISES, INC.**

Principal Place of Business

15614 S.R. 574  
DOVER FL 33527

Mailing Address

15614 S.R. 574  
DOVER FL 33527

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/2002

5. FEI Number

371436879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Herman Zuluaga	9303 RiverOve Dr	Riverview, FL 33569

500024573695  
11/10/03--01112--005 \*\*150.00

8. Name and Address of Current Registered Agent

ZULUAGA, HERMAN  
15614 S.R. 574  
DOVER FL 33527

9. 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

*Herman Zuluaga*  
REGISTERED AGENT MUST SIGN

Date **11-05-03**

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:

*Herman Zuluaga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11.05.03**

Daytime Phone #

CR2E040 (7/03)

November 5, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document # PO2000079151

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To Whom It May Concern:

Auto World Enterprises did not receive the UBR notices. The building was under construction and not until the new mailbox was installed did the business receive the reinstatement application. I have enclosed \$150 for the UBR filing fee.

If you have any questions, I can be reached at (813) 917-2619.

Thank you for your assistance in this matter.

Sincerely,



Herman Zuluaga

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