

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 PM 12:12

DOCUMENT # P02000130218

1. Corporation Name

Low Price Auto Sales, Inc.

2. Principal Office Address

1140 NW 79 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/02

5. FEI Number

01-0752729

☒ 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

Jaime Cardoza

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

1140 NW 79 St.

Suite, Apt. #, Etc.

500031848975

04/05/04 01073 014 **300 00

City

Miami

State

FL

Zip Code

33147

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/22/04

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
<u>RSTD</u>	<u>Jaime Cardoza</u>	<u>1140 NW 79 St.</u>	<u>Miami, FL 33147</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

Daytime Phone #

CR2E081 (10/02)