

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134198

1. Corporation Name

Best In Town Auto Sales Inc.

2. Principal Office Address

7777 NW 7 AVE

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33150

Country

Dade

3. Mailing Office Address

7777 NW 7 AVE

Suite, Apt. #, etc.

City & State

miami, FL, 33150

Zip

33150

Country

Dade

100031836611

04/05/04--U1056--003 **908.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

Dec, 24, 2002

5. FEI Number

02-066 06 70

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

AL Masarweh Rasheed

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

910 N. 75 Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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 4-1-2004

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	Almasarweh Rasheed	910 N 75 AVE	Hollywood, FL 33024
VP	Almasarweh Rasheed	910 N. 75 Ave	Hollywood, FL 33024

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

4-1-2004 305 968-2697

Date

Daytime Phone #