FILED H06000090434 3

Apr 05 06 09:26a Heftt Homes. 3052204202 p.2

06 APR -5 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000025144

1. Corporation Name
AUTO SUPERMARKET ENTERPRISES CORP

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
5144 S.W. 163 Pl	5144 S.W. 163Pl
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami Florida	City & State: Miami Florida
Zip: 33185 Country: USA	Zip: 33185 Country:

4. Date Incorporated or Qualified To Do Business in Florida 03/03/2003

5. FEI Number 42-1579213 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

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: _____ Date: 4-04-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Maunak L. Chaumin	5144 S.W. 163Pl	Miami FL 33185
V.P	Genevieve Chaumin	5144 SW 163Pl	Miami FL 33185
Sec	Henri Chaumin	5144 S.W. 163 Pl	Miami FL 33185

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: Henri Chaumin 4-04-06 305-338-3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 5 2006

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000090434 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

AUTO SUPERMARKET ENTERPRISES CORP.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$1,050.00**

Electronic Filing Menu Corporate Filing Menu Help