PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT -3 AM 8:24
SECRETARY OF STATE

OCT - 3 2017
L BERGER

CR2E081 (11/10)

DOCUMENT # P03000032484

1. Corporation Name
MIAMI AUTO WHOLESALE AND EXPORT, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1527 BARACOA AVENUE		PO BOX 14-1156	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: CORAL GABLES, FL		City & State: CORAL GABLES, FL	
Zip: 33146	Country: USA	Zip: 33114-1156	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/20/03

5. FEI Number: 16-1658505 ☐ 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: PEDRO LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 1527 BARACOA AVENUE

Suite, Apt #, Etc

City	State	Zip Code
CORAL GABLES	FL	33146

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10/05/17--01027--012 **750.00

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: 09/22/17

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	PEDRO LOPEZ	1527 BARACOA AVE	CORAL GABLES, FL 33146

10. **E-mail Address:** APARKER@FORMANPARKER.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 9/22/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #