

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV -3 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000094138

1. Corporation Name

C & S PREMIUM AUTO SUPPLY, INC.

2. Principal Office Address

18697 SW 103 CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33157

Country

Miami Dade

Zip

Country

REINSTATEMENT

05

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/03

5. FEI Number

20-0189928

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

Juan A Alvarez

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

18697 SW 103 CT

Suite, Apt. #, Etc.

City

Miami FL 33157

State

FL

Zip Code

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

[Signature]

Date

10/28/05

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
DPST	JUAN A. ALVAREZ	18697 SW 103 CT	Miami, FL 33157

800061450178

11/15/05--01077--011 **150.00

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

10/28/05

Date

(305) 443-283

Daytime Phone #

CR2E081 (01/05)

NOV -3 2005

C & S PREMIUM AUTO SUPPLY, INC
18697 SW 103 CT
MIAMI, FL 33157

2/2

TO:
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL 32314

Per instructions from the Division of Corporations, I am attaching a MONEY ORDER in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years, 2005 or any other notice from the Division of Corporations in respect with the Corporation, C & S PREMIUM AUTO SUPPLY, INC.

Thank you for your courtesy in this matter.



JUAN A ALVAREZ
PRESIDENT