

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # P03000096067

1. Corporation Name

CAR WAY AUTO SALES, INC.

2. Principal Office Address - No P.O. Box #

2326 N.W. 7 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

USA

3. Principal Office Address - No P.O. Box #

2326 N.W. 7 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept. 3, 2003

5. FEI Number

20-0192588

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

Ana Orellana

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

6485 S.W. 52 st

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date

Feb. 7, 2008

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
			700119546937 03/06/08--01013--010 **758.75
P-D	Adrian C. Fernandez	6485 S.W. 52 st	MIA / FL / 33155

REINSTATEMENT

04-08

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 contained in Chapter 119, 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

Adrian C. Fernandez

Date

2-7-08/7863957485

Daytime Phone #

7485