

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

U.S.A.

3. Mailing Office Address

5333 COLLINS AVE

Suite, Apt. #, etc.

#1008

City & State

MIA.BEACH FL

Zip

33140

Country

U.S.A.

11/25/08 01033 014 750.00
REINSTATEMENT 04-08

4. Date Incorporated or Qualified
To Do Business in Florida

September 3, 2003

5. FEI Number

20-0192588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SEE Application Instructions
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ana Obellana

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

Date Nov. 24, 2008

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
P	Adrian C. Fernandez	5333 COLLINS AVE #1008	MIA.BEACH, FL 33140

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

Nov. 24, 2008

Date

786395-7485

Daytime Phone #

12/15/08