

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000154793**

1. Corporation Name

PRIMARY AUTO AUCTIONS, INC

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

1020 S.W. 30TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1020 S.W. 30TH AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

U.S.A

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2003

5. FEI Number

86-1091247

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

YVENET MARCELUS

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

1020 S.W. 30TH AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

☒ 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

Yvenet Marcelus
REGISTERED AGENT MUST SIGN

Date **2-14-2008**

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
DP	YVENET MARCELUS	1020 S.W. 30TH AVENUE	FORT LAUDERDALE, FL 33312
	RH		
	REINSTATEMENT		

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:

Yvenet Marcelus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVENET MARCELUS

2-14-2008

Date

Daytime Phone #

(954)851-9889