

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000027473**

1. Corporation Name

Lowest Price Auto Brokers inc.

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

14181 sw 24 st.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

7. Name and Address of Current Registered Agent

Name

Felix R. Govantes

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

14181 sw 24 st.

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33175

4. Date Incorporated or Qualified
To Do Business In Florida

February, 2004.

5. FEI Number **20-0724213**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Felix R. Govantes
REGISTERED AGENT MUST SIGN

Date **3-12-08**

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
PTSV	Felix R. Govantes	14181 sw 24 st.	Miami, Florida 33175

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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

Felix R. Govantes (FELIX R. GOVANTES) 3-12-08 786-390-5029

Date

Daytime Phone #

FILED

08 MAR 17 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08