

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153592

1. Entity Name
NEW FUTURE AUTO SALES, INC.



FILED

2005 OCT 21 PH 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2188 NW 24TH AVENUE
MIAMI, FL 33142

Mailing Address
2188 NW 24TH AVENUE
MIAMI, FL 33142

2. Principal Place of Business
2173 NW 24 AVE

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10152005

REIN-P

CR2E098 (6/04)

City & State
MIAMI - FL

City & State

4. FEI Number
APP FOR

Applied For

Not Applicable

Zip
33142

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAGLE, ELIECER
14877 SW 41 TERRACE
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TAGLE, ELIECER
14877 SW 41 TERRACE
MIAMI, FL 33185 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000060951450
10/26/05--01035--008 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/05