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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 OCT 30 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000087799

1. Corporation Name

EDGARD AUTO IMPORT INC.

REINSTATEMENT

06

CR2E081 (12/05)

2. Principal Office Address
11203 49TH ST. NORTH

3. Mailing Office Address
9681 49TH WAY NORTH

Suite, Apt. #, etc.
#D3

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
PINELLAS PARK, FL

Zip
33762

Country
USA

Zip
33782

Country
U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/17/2005

5. FFL Number
20-3023797

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
EDGARDO VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
9681 49TH WAY NORTH

Suite, Apt. #, Etc.

City
PINELLAS PARK

State
FL

Zip Code
33782

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

Edgardo Vazquez

REGISTERED AGENT MUST SIGN

Date 10/25/2006

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
PRES	EDGARDO VAZQUEZ	9681 49TH WAY NORTH	PINELLAS PARK, FL 33782

03/22/06 90011 015
\$150.00

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:

Edgardo Vazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2006

Date

727-698-5068

Daytime Phone #

10/21

282

October 25, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement Doc # P05000087799

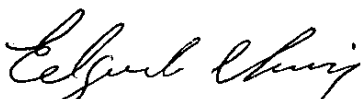
To Whom It May Concern:

Please be aware I never received the annual report notices and wish for the reinstatement fee to be waived.

My payment of \$150.00 was made back in 3/20/2006, which the check was deposited by the State on March 22, 2006.

Thanking you in advance for your time concerning this matter.

Regards,



Edgardo Vazquez
Edgard Auto Import Inc.
11203 49th Street North #D3
Clearwater, Florida 33762