

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR -3 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000152886

1. Corporation Name

WORTHINGTON WOOD AUTOMOTIVE GROUP

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

5704 RODMAN STREET

Suite, Apt. #, etc.

3. Mailing Office Address

9254 NW 3RD AVENUE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

MIAMI, FL

Zip

33023

Country

USA

Zip

33150

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2005

5. FEI Number
20-3805422

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

VINCENT CASH

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

5704 RODMAN STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

☒ 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 02/17/2009

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
D	VINCENT CASH	5704 RODMAN STREET	HOLLYWOOD, FL 33023
D	JACLIN JUSTILIEN	7208 SW 4TH STREET	N. LAUDERDALE, FL 33068
D	FELIX J. PACHE	961 W. TILGHMAN STREET	ALLENTOWN, PA 18102

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03/03/09--01012--012 **450.00

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:

VINCENT CASH

02/17/2009

(217) 474-1847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-09

REINSTATEMENT

CR2E081 (12/08)

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