

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 AM 7:39

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000075664

1. Corporation Name

R&I AUTO SALES, INC

200152859172
04/27/09--01032--017 **450.00

REINSTATEMENT 07-09ks

2. Principal Office Address - No P.O. Box #
1046 Shadick Dr

3. Mailing Office Address
455 S. Wymore Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 2

Apt 103

City & State

City & State

Orange City, FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32763

US

32714

US

4. Date Incorporated or Qualified
To Do Business in Florida 05/26/2006

5. FEI Number

Applied For

06-1779804

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

Ramon E. Latorre

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

697 Elwood St

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

☒ 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

REGISTERED AGENT MUST SIGN

Date 4.29.09

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
P	Ramon E. Latorre	697 Elwood St.	Deltona, FL 32725
VP	Ivan G. Latorre	455 S. Wymore Rd. Apt. 103	Altamonte Springs, FL

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

04/24/09

Date

(407) 712-3311

Daytime Phone #

KS