

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000085086**

1. Corporation Name

CHAUD AUTO TRANSPORT, INC

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

10401 SW 66 Ter

3. Mailing Office Address

10401 SW 66 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

Zip

33173

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6-23-06

5. FEI Number

56-2596726

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

Elia Hechavarria

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

10401 SW 66 Ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

400184704074
08/25/10--01029--002 **900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8-25-10**

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.	Elia Hechavarria	10401 SW 66 Ter	Miami FL 33173

REINSTATEMENT

B 8/25/10
09-10

10. E-mail Address: **CHAUD AUTO TRANSPORT@YAHOO.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-10

Date

Daytime Phone #