

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000008005

1. Corporation Name

ATOZ Automotive inc.

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

133 cordoba circle

3. Mailing Office Address

same

Suite, Apt. #, etc.

Home.

Suite, Apt. #, etc.

same

City & State

RPTB FL

City & State

↓

Zip

33411

Country

Palm beach

Zip

Country

REINSTATEMENT 08-10

400180986954

05/17/10--01056--027 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2007

5. FEI Number

20-8292674

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

Erik Estepa Aristy

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

133 cordoba circle

Suite, Apt. #, Etc.

Home.

City

R.P.B. FL

State

FL

Zip Code

33411

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Erik Estepa Aristy
REGISTERED AGENT MUST SIGN

Date 5/10/10

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
CEO	Erik Estepa Aristy	133 cordoba circle	RPTB FL 33411

10. E-mail Address: EESTEPAA@AOL.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:

Erik Estepa Aristy

Erik Estepa Aristy

5/10/10

(561)

283-6388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #