


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Corporation
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000101039

1. Limited Liability Company's Name

MOSEL AUTOS INC.

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

8792 MERSEY SIDE CT

Suite, Apt. #, etc.

3. Mailing Office Address

8792 MERSEY SIDE CT

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32219

Country

USA

Zip

32219

Country

USA

8. Name and Address of Current Registered Agent

Name

MOSES ABIARA

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

8792 MERSEY SIDE CT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32219

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

11-10-2008

6. FEI Number

26-3697741

Applied For

Not Applicable

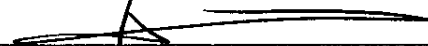
7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 12-26-2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	MOSES ABIARA	8792 MERSEY SIDE CT	JACKSONVILLE FL 32219
VP	OLUSEGUN ONSA SDGA	8792 MERSEY SIDE CT	JACKSONVILLE FL 32219

11. E-mail Address: MKABIARA@YAHOO.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager



Date

12-26-2010

Daytime Phone #

904-768-2605

Typed or printed name of signing Managing Member/Manager

B. Mitchell MAR 22 2010