CORPORATION
REINSTATEMENT



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

DOC	UM	ΕN	IT #
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P16000030273

1. Corporation Name

## CHILE AUTO SHOP INC

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•	CE Address - No P.O. Box #	3. Mailing Of	fice Address	•		02722.	/19 015.70 -015 			
Suite, Apt. #, etc		Suite, Apt. #, €	, Apt. #, etc.			To Do Bu	4. Date incorporated or Qualified To Do Business in Flonda			
City & State  DAVIE, FL  Zip   Country   Zip			Country			5. FEI Num	04/04/2016   5 FEI Number   App   81-2176906   Not			
33314	USA					CERTIFICA	ATE OF STATUS DESIRED	i8.75 Additional Fed for a Certificate o		
Name	7. Name and Address of	Current Regist	ered Agent							
Gladys N	Melendez					Î				
	(P.O. Box Number is Not Acceptable) mbroke Road c.									
Miramar			I _	FL 3	2ip Code 3023	1				
Signature of Registered Agen	RE	GISTEREDAGE	ENT MUST SI	GN			Date 05/28/2019	F.S.		
9. Namés and	Street Addresses of Each Officer and	Vor Director (Flair	ida nohprofit d			<del></del>				
Tifles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
DP .	JUAN E. VARO	SAS	400 SE 3rd Ave. Apt.1		Apt.105	Hallandale Be	each, Fl 330			
						·- <u>-</u>		}		
							03 °C NUL	2019		
						<del></del>	S. YOU	JNG		
						<del></del>				
<sup>10.</sup> E-mail Ad	ddress: RGMACCOUNTII	NG@HOTMAIL		used for t	uture annual rep	ort notification)				

11. I certify that I am an officer or director or the receiver or trustes empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when fling 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR