PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 JUN 13 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FL

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06/13/22--01005--001 **1402.50

DOCUMENT # P17000019409

1. Corporation Name
signature auto group inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1949 148TH ST	1949 NE 148TH ST
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: NORTH MIAMI, FL	City & State: North Miami, FL
Zip: 33181 Country: USA	Zip: 33181 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 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: IGNACIO MEJIA

Street Address (P.O. Box Number is Not Acceptable): 1949 NE 148TH ST

Suite, Apt. #, Etc:

City: NORTH MIAMI State: FL Zip Code: 33181

2018-2022

AB

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: IGNACIO MEJIA Date: 06/13/2022

REGISTERED AGENT MUST SIGN

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	IGNACIO MEJIA	1949 NE 148TH ST	North Miami, FL 33181

10. E-mail Address: INFO@FASTLIFEAUTO.MIAMI
(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., 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: IGNACIO MEJIA 06/13/2022 (305) 216-6668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #