

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001547

1. Corporation Name

MERCEDES AUTO CENTER INC.

REINSTATEMENT 0205

2. Principal Office Address

57 NW 36 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

57 NW 36 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-29-1992

5. FEI Number

65-0430344

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

MICHEL MESTAYER

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

65 NW 36 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33127

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

REGISTERED AGENT MUST SIGN

Date

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/D	MICHEL MESTAYER	65 NW 36 STREET	MIAMI, FL 33127
S/T/D	JONATHAN MESTAYER	65 NW 36 STREET	MIAMI, FL 33127

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

MICHEL MESTAYER-PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

232

Mercedes Auto Center Inc.
57 NW 36th Street
Miami, FL 33127

February 25, 2003

Florida Department of State
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Secretary of State:

As per our conversation, please review the payment history of my corporation, Mercedes Auto Center, Inc. Doc No. P92000001547. As you can see, I have always filed and paid my annual report in timely manner. Due to the extensive road construction performed close to my business location, we have encountered serious problems with our mail and did not receive our annual report for 2002 or 2003.

Our banking institution has informed me that the corporations has been dissolved and require us to reinstate it immediately.

Please accept our payment of \$300.00 corresponding to the annual reports of 2002 and 2003 without penalty.

Thank you in advance.

Respectfully,



Michel Mestayer
President