

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000029449**

1. Corporation Name

CUBANEYES AUTO SALES CORP.

Principal Place of Business

~~10111 ONECHOBBE RD~~
~~BAY 11~~
~~HALEAH GARDENS FL 33014~~
~~US~~

Mailing Address

~~10111 ONECHOBBE RD~~
~~BAY 11~~
~~HALEAH GARDENS FL 33014~~
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1525 W. 34 PLACE
City & State
HALEAH FL.
Zip
33012 Country
DADE

3. New Mailing Office Address, If Applicable

P.O. Box 2001
Suite, Apt. #, etc.
HALEAH FL.
City & State
33012 **DADE**
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1993

5. FEI Number

65-0406180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DIAZ, RITA	1295 WEST 30TH ST.	HALEAH FL 33012
VPS	DIAZ, OMAR	1295 WEST 30TH ST.	HALEAH FL 33012

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-11/20/96--01073--022
******375.00 ****375.00**

JB11-18-96

8. Name and Address of Current Registered Agent

DIAZ, ARMANDO
1295 WEST 30TH ST.
HALEAH FL 33012

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **9-27-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-96 881-3009

Date Daytime Phone #

CR2040 (7/96)