

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

95 NOV 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

993000037553

1. Corporation Name OSCEOLA AUTO SALES, INC.
1086 N.W. 128th AVENUE
MIAMI, FL 33182

Principal Place of Business

Mailing Address

SAME AS ABOVE

SAME AS ABOVE

800002016448--1

-11/27/96--01100--013

****775.00 ****775.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1994	
City & State		City & State		5. FEI Number	
Zip		Zip		650477497	
Country		Country		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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	JUAN R. FERNANDEZ	1086 N.W. 128th AVENUE	MIAMI, FLORIDA 33182
V.P.	RENE FERNANDEZ	5211 S.W. 154th CT	MIAMI, FL 33185
SEC.	MINERVA SENSAT	115 S.W. 96th. Court	MIAMI, FL. 33174

REINSTATEMENT 1996
A. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		11-26-96	
		Name	
		RENE FERNANDEZ	
		Street Address (P.O. Box Number is Not Acceptable)	
		5211 S.W. 154th CT	
		Suite, Apt. #, Etc.	
		City	
		MIAMI	
		State	
		FL	
		Zip Code	
		33185	

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

Signature of Registered Agent: *[Signature]* Date: 9-10-96

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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]* JUAN R. FERNANDEZ 10-30-96 5510297

DATE: 10-30-96 DAYTIME PHONE: