

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051498

1. Corporation Name

AMERICAN AUTO SALES, INC.

Principal Place of Business

4291 N DIXIE HWY
POMPANO BEACH FL 33064

Mailing Address

4291 N DIXIE HWY
POMPANO BEACH FL 33064

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1993

5. FEI Number

65-0428660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
S	KOSZO, RICKY	641 NE 7TH STREET	POMPANO FL 33060
VP	MAURICE, JOHN	1115 SW 180TH TERRACE	PEMBROKE PINES FL 33029
			4000004663624--3 -11/02/01--01016--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MAURICE, JOHN
1115 SW 180TH TERRACE
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name **KOSZO, RICKY**
Street Address (P.O. Box Number is Not Acceptable)
641 NE 7TH STREET
Suite, Apt. #, Etc.
City **POMPANO** State **FL** Zip Code **33060**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct 16/01

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 16/01 954-263-8471

CR2040 (8/01)