

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059251

1. Corporation Name

CERTIFIED AUTO SPECIALISTS, INC.

800005868288--3

-06/19/02--01072--018

****308.75 ****308.75

2. Principal Office Address

602 Anhinga Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Zip

32708

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12.18.1995

5. FEI Number

59.3223244

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

Firsttrust Advisors, Inc.

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

1936 Boothe Circle

Suite, Apt. #, Etc.

City

Longwood

State
FL

Zip Code

32750

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 5.28.02

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
Pres.	Armando Guarin	602 Anhinga Rd	Winter Springs, FL 32708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02 407.448.5910

Date

Daytime Phone #

CR2E081 (9/01)



CERTIFIED AUTO SPECIALIST, Inc.

602 Anhinga Road, Winter Springs FL 32708-2377 - (407) 699 7072, E-mail certauto@att.net

May 28, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE: Corporation Reinstatement
Document: P93000059251

Dear Sir:

As per our conversation about reinstatement of my company as a corporation I'm writing you a brief explanation.

In October 16th 2000, I was hospitalized and rendered disable and during this period of time I may misplaced the yearly applications or I did not received them, however, I'm not current with the State and I'm enclosing my fees for the year 2001 and 2002 as per your request.

If additional information is needed, you may contact me at my new mailing address.

Certified Auto Specialists
Attn: Armando Guarin
602 Anhinga Rd.
Winter Springs, Fl. 32708

Sincerely,



Armando Guarin