

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 15 AM 11:35

DOCUMENT # P94000011042

**1. Corporation Name**

HYAMS AUTO SALES, INC.

**2. Principal Office Address**

12230 US #19 NORTH.

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34667

Country

USA.

**3. Mailing Office Address**

12230 US #19 NORTH.

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip

34667

Country

USA.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3225987

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

JAMES A. HYAMS

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

12230 US #19 NORTH.

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

**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

James A. Hyams  
REGISTERED AGENT MUST SIGN

Date

11.10.04

**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
PV ST	<u>JAMES A. HYAMS</u>	<u>12230 US #19 NORTH</u>	<u>HUDSON, FL 34667</u>

**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:

James A. Hyams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.10.04

727-8A-1928

Daytime Phone #

CR2E081 (01/04)

11/22/04

2/c

November 10, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: HYAMS AUTO SALES, INC.  
Document # P94000011042

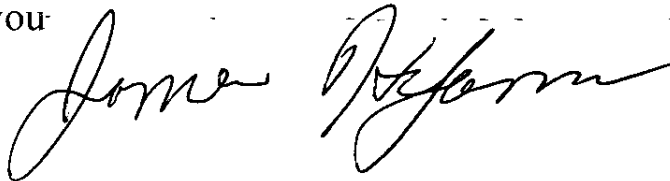
To whom it concerns:

I have changed my address and as a result never received any correspondence or notices from The Department of State. I only just discovered my corporation had been dissolved when renewing my auto dealers license.

I have enclosed the Uniform Business Report Application for 2004 and a check for \$ 150.00 company as required.

Please accept my applications and fees submitted and re-instate my company.

Thank you

  
James  
Jim Hyams  
President