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**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 MAY -8 AM 10:01

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000034186**  
A. E. V. AUTO SERVICE CORP  
13995 NW 19TH AVE  
OPALOCKA, FL 33054

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address  
600002519576--3  
Address  
-05/12/98--01016--022  
\*\*\*\*308.75 \*\*\*\*308.75  
City and State  
600002519576--3  
-05/12/98--01016--022  
Zip Code  
\*\*\*\*750.00 \*\*\*\*750.00

4/98/1985

3. Date Incorporated or Qualified To Do Business in Florida  
08-23-94

4. FEI Number  
65-0487924

FEI Number Applied For  
FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status  
CERTIFICATE OF STATUS DESIRED ☒

**6. Names and Street Addresses of Each Officer and/or Director**

1 Title	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 and State
DPT	RIO S. VIDAL	13995 NW 19TH AVE OPALOCKA, FL 33054	OPALOCKA, FL 33054
DNS	FELICIANO, A. D.	13995 NW 19TH AVE OPALOCKA, FL 33054	OPALOCKA, FL 33054

**REINSTATEMENT** 96-98  
A. Vidal  
5/8/98

**REGISTERED AGENT INFORMATION**

**7. Name and Address of Current Registered Agent**

VIDAL RIO S  
13995 NW 19th Ave  
OPALOCKA, FL 33054

**8. Name and Address of New Registered Agent and/or Office**

Name  
Street Address (Do NOT Use P.O. Box Number)  
Street Address (Do NOT Use P.O. Box Number)  
City and State  
FL. Zip

9. 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 Vidal Rio S  
REGISTERED AGENT MUST SIGN

Date

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., 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 of Officer or Director Vidal Rio S Date 4-28-98 Daytime Phone #