

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -5 PM 3:30

DOCUMENT # **P94000050661**

1. Corporation Name

CAMPOS AUTO SALES, INC.

2. Principal Office Address

9605 NW 79th Ave

3. Mailing Office Address

P.O. Box 5504

Suite, Apt. #, etc.

Bay 28

Suite, Apt. #, etc.

City & State

Hialeah Gardens FL

City & State

Miami Lakes FL

Zip

33016

Country

US

Zip

33014

Country

Dade

REINSTATEMENT 04-07

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/94

5. FBI Number

650505924

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

Jose R. Campos

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

1400 NE 191 street Apt 202 400083766634

Suite, Apt. #, Etc.

Miami, Florida 33179

01/03/07 01021 002 ***00.00

City

State
FL

Zip Code

33179

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 **1/4/2007**

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
(D)	JOSE R. Campos	P.O. Box 5504	Miami Lakes, FL 33014

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

Date

3/1/07 305-710-8641

Daytime Phone #

2 of 2

CAMPOS Auto Sales, Inc.

9605 NW 79TH Avenue BAY 28
Hialeah Gardens, Fl. 33016

To Whom It May Concern

This is to inform you that I did not receive the annual renewal report card for the years 2004, 2005, and 2006.

I am requesting the Secretary of State to waive the late fees corresponding to those years.

If you should have any questions regarding this matter do not hesitate to call me at 305-710-8641.

Sincerely yours,



Jose R. Campos
President