

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000067952

1. Corporation Name

AUTOBUYERS of BROWARD, INC.

99 FEB 25 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5808 DAWSON ST
HOLLYWOOD FL
33023

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

97-99

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/94

5. FEI Number

65 0522343

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES/D	HERBERT COOPER	1965 S. OCEAN DR	HALLANDALE FL 33023

600002794736--9
-03/04/99-01071-010
***1050.00 ***1050.00

(Handwritten signature)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERBERT COOPER
1965 S. OCEAN DR.
HALLANDALE FL 33009

Name
A Z REGISTERED AGENT CORP.
Street Address (P.O. Box Number Not Acceptable)
1601 South Bayside Drive
Suite, Apt. #, Etc.
Suite 1600 - ATTN: MR GREG
City
Miami FL
State
FL
Zip Code
33133

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

(Handwritten signature) Vice President
REGISTERED AGENT MUST SIGN

Date

2/22/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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., 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:

(Handwritten signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99
Date

954-
894 4400
Daytime Phone #

CP2E081 (12/98)