

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -4 AM 9:49

DOCUMENT # P94000067952

1. Corporation Name

Auto Buyers of Broward, Inc.

Principal Place of Business

Mailing Address

5808 Dawson St
Hollywood FL
33023

305 Avocado Lane
HALLANDALE FL
33009

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

2. New Principal Office Address, If Applicable

~~5810~~ 5817B-FUNSTON ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33023

Country

USA

Zip

Country

REINSTATEMENT 00-01

03-08-01 90029 605 \$563.75

4. Date Incorporated or Qualified To Do Business in Florida

9/15/94

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 non-profit corporations must list at least 3 directors)

Title(s)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director

City / State / Zip

1

2

3

(Do NOT Use Post Office Box Numbers)

4

Pres

NITA BEAN

305 Avocado Lane

HALLANDALE FL 33009

VP

VINCENT OLIVERI

" " "

" "

000004194760--7

05/11/01--01010--001

***345.00 ***345.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/17/01

CR2E081 (12/98)

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

VINCENT OLIVERI

Date

3/18/01

Daytime Phone #

954 894 4400