

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 16 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071381

1. Corporation Name

AUTOMOTORS OF AMERICA, INC.

Principal Place of Business

Mailing Address

2070 N.W. 36TH AVENUE
MIAMI FL 33172

2370 N.W. 36TH AVENUE
MIAMI FL 33172

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

A.F. ALENTADO & ASSOC. CO.
Suite, Apt. #, etc.
1149 SW 27th Ave, Ste 203

A.F. ALENTADO & ASSOC. CO.
Suite, Apt. #, etc.
1149 SW 27th Ave, Ste 203

City & State
Miami, FL.

City & State
Miami, FL.

Zip Country
33135 Dade 33135 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1994

5. FEI Number

65-0525497

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GUERREIRO, MARIO D.N.	610 1149 S.W. 27 Ave Ste 203 2370 N.W. 36TH AVENUE	MIAMI FL 33172 33135
D	GUERREIRO, MARIA T.C.	610 1149 S.W. 27 Ave Ste 203 2370 N.W. 36TH AVENUE	MIAMI FL 33172 33135
	900.00-Adm		500004547535--2 -08/21/01--01073--008 ***1050.00 ***1050.00
	61.25-AR		
	88.75-ARsupp		

8. Name and Address of Current Registered Agent

MANGUART, JULIO E
1428 BRICKELL AVENUE
MAIN FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
A.F. ALENTADO & ASSOC. CO.
Street Address (P.O. Box Number is Not Acceptable)
1149 SW 27th Avenue, Ste. 203
City Miami State FL Zip Code 33135

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 7-11-01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-11-01 (205) 644-7688 Daytime Phone #

CR2E040 (8/99)