

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 31 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085759

1. Corporation Name

Express Auto Depot Inc.

2. Principal Office Address

13430 S.W. 17th Cir. N.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33175

Country

3. Mailing Office Address

3538 W Flagler ST.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-2-95

5. FEI Number

650539068

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

Angel Troche

000003468800-2

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

13430 S.W. 17th Cir. N.

-11/17/00--01067--020

***150.00 ***150.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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 10-10-00

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
Pres.	Angel Troche	3538 W Flagler ST	Miami FL 33135

LSI

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

10-10-00

Date

305-992-4178

Daytime Phone #

CR2E081 (9/99)

2982

EXPRESS AUTO DEPOT

3538 W FLAGLER ST.
MIAMI FL 33135
PH-305-448-6065 FAX 305-448-6288
E-MAIL EXPRESSAUTODEPOT@AOL.COM

DATE :10-10-00

TO DEP. OF STATE

WE ARE WRITING THIS LETTER BECAUSE WE NEVER RECEIVE THE
RENEWER OF THE CORP. I BELIEVE THAT YOU MAY HAVE THE WRONG
ADDERS ON FILE,
BUT WHAT WE DON'T UNDERSTAND IS THAT WE HAD ADDERS FORWARD BY
THE POST OFFICE AND WE STEL DID'N RECIVE IT.

WE HOPE THAT BASE ON ALL THE PAST RENEWER THAT WERE MADE ON TIME
YOU CAN CONSIDER AND WAVE THE PENALTY FEE.

THANKS

ANGEL TROCHE



PRES.