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Formal Emulation
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(((H95000002372))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: D.J. RENTAL SERVICES, INC.
DEPARTMENT OF STATE 1850 S.W. 8TH SUITE 204
STATE OF FLORIDA
409 EAST GAINES STREET MIAMI FL 33135- - 8-0127
TALLAHASSEE, FL 32399 CONTACT: ROLANDO TRUJILLO
PHONE: (305) 541-0790
FAX: (904) 922-4000 FAX: (305) 541-4015

(((H95000002372))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: D.J. RENTAL SERVICES, INC.
FAX AUDIT NUMBER: H95000002372 CURRENT STATUS: REQUESTED
DATE REQUESTED: 02/28/1995 TIME REQUESTED: 18:40:15
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER: 071324000655

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FILED
SERIAL-2 APR 19
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

D.J. RENTAL SERVICES, INC.

FILED
65 MAR -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: D.J. RENTAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1850 S.W. 8 Street, Suite 204 H
Miami, FL 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares of Common Stock, \$1.00 Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

David J. Morales
1850 S.W. 8 Street, Suite 204 H
Miami, FL 33135

PREPARED BY:
DAVID J. MORALES
1850 S.W. 8 ST SUITE 2
MIAMI FL 33135
305-541-1424

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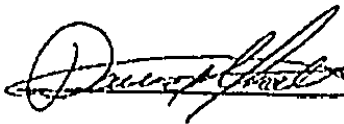
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

David J. Morales, President
1850 S.W. 8 Street, Suite 204 H
Miami, FL 33135

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of February, 19 95.



Signature

Signature

Signature

495000002372

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 or 817.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS
OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGN-
ATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
FLORIDA.

1. The name of the corporation is: D.J. RENTAL SERVICES, INC.

2. The name and address of the registered agent and office is:

David J. Morales

(Name)

1850 S.W. 8 Street, Suite 204 H

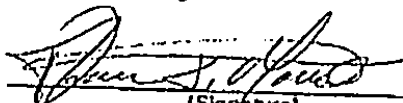
(P.O. Box not acceptable)

Miami, FL 33135

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 MAR -2 AM 11:19

Having been named as registered agent and to accept service of process for the
above stated corporation at the place designated in this certificate, I hereby accept
the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relating to the proper and complete perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.


(Signature)

February 23, 1995

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

495000002372

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sanjay B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017205

1. Corporation Name

KHATIB AUTO SALES, INC.

96 OCT -9 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701-LF-ROPER PARKWAY
OCOE FL 34761

701-LF-ROPER PARKWAY
OCOE FL 34761



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-10/11/95--01009--021

***383.75 ***383.75

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1993

5. FEI Number

59-3169028

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
D	KHATIB, MOHAMMED E	701 L.F. ROPER PARKWAY	OCOE FL
DPS	EL TAGI, MONA	701 L.F. ROPER PARKWAY	OCOE FL

REINSTATEMENT

Handwritten signature
10-18-96

8. Name and Address of Current Registered Agent

EL TAGI, MONA
701 L.F. ROPER PKWY.
OCOE FL 34761

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

Handwritten signature of Mona El Tagi
REGISTERED AGENT MUST SIGN

Date 9-13-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 of Mona El Tagi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-96

Date

407-654-1152

Daytime Phone #