APPROVED AND FILED

(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

H97000006121
1997 APR 15 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022298

1. Corporation Name
TORON AUTO SALES, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
532 E.26th St. Hialeah, Fl 33010	532 E. 26th St. Hialeah, Fl 33010

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
532 E. 26th St	532 E. 26th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl 33010	City & State: Hialeah Fl
Zip: 33010 Country: US	Zip: 33010 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/1995

5. FEI Number: 65-0571678 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SUAREZ, LEONEL	532 E. 26TH STREET	HIALEAH FL 33010
[redacted]	[redacted]	[redacted]	[redacted] (please write)
[redacted]	[redacted]	[redacted]	[redacted] (please delete)
		REINSTATEMENT 96-97 SCC 4-15-97	

8. Name and Address of Current Registered Agent

SUAREZ, LEONEL
[redacted]

9. Name and Address of New Registered Agent

Name: Leonel Suarez
Street Address (P.O. Box Number is Not Acceptable): 532 E. 26th St
Suite, Apt. #, etc.:
City: Hialeah State: FL Zip Code: 33010

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] Date: 4-11-97
REGISTERED AGENT MUST SIGN

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: [signature] 04-11-97 (305) 691-2701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Leonel Suarez 532 E. 26th St. Hialeah Fl 33010 (305) 691-2701 H97000006121

CR2E046 (7/96)

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4/15/97 FLORIDA DIVISION OF CORPORATIONS 11:50 AM
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(((H97000006121 2)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: TORON AUTO SALES, INC.
AUDIT NUMBER.....H97000006121
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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