

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

~~CORPORATION~~  
~~REINSTATEMENT~~



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

FILED

00 MAR 27 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023501

1. Corporation Name

MIAMI AUTO HOUSE, INC

000003196130--3

-04/04/00--01103--019

\*\*\*\*300.00 \*\*\*\*80.00

2. Principal Office Address

1822 N Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

1822 N. Dixie Hwy  
Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

Zip

33020

Country

USA

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/95

5. FEI Number

65-0566347

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

STEVEN BRESLAW

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

1086 RIVER BIRCH ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

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

Steven Breslaw

REGISTERED AGENT MUST SIGN

Date

3/24/00

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
PRESIDENT	FIORDALIZA BRESLAW	1086 RIVER BIRCH ST	HOLLYWOOD, FL 33019
VP	HENIO RAUL CARBUCCIA	9735 52 ST #211	MIAMI FL 33178
VP	ANGELICA CARBUCCIA	9735 52 ST #211	MIAMI FL 33178

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:

FIORDALIZA BRESLAW - FIORDALIZA BRESLAW

Date

3/23/00 (954) 921-6002

Daytime Phone #

CR2ED81 (9/99)

MIAMI AUTO HOUSE, INC.  
1822 North Dixie Highway  
Hollywood, Florida, 33020  
Phone (954) 921-6002

Attachment

2

3/24/00

TO WHOM THIS MAY CONCERN,

As per our Telephone Conversation  
Miami Auto House was Relocated IN JUNE, 1998  
TO ANOTHER Location. I DID CONTACT THE  
VARIOUS STATE DEPARTMENTS AT THE TIME BUT  
I NEVER DID RECEIVE THE YEARLY CORPORATE  
Renewal form. I have enclosed \$300<sup>00</sup>  
TO PAY for 1999 + 2000. I WAS INFORMED  
THAT THE REINSTATEMENT fee WOULD BE  
WAIVED. THANK YOU FOR YOUR ATTENTION  
TOWARD THIS MATTER,

Sincerely

Fin Delya Breslaw  
FIORDALIZA BRESLAW  
President



Attachment

pg 2 of 2

DEPARTMENT OF CORPORATION:

On 3/7/00 I TALK to A MAN didn't get his name he told me to write and explain that I didn't receive anything saying the dues was due so I did. On 3/17/ I received this letter that I am enclosing. I TALK to Michelle at 850-487-6059. AS I said in the FIRST letter. I had no idea that the Corp had be dissolved till my TAX MAN ~~CALL~~ CALL and SAID it WAS dissolved. So I am asking that you please reinstate the corp. and if you can waive the fees. I am enclosing a check for \$900.00.

I thank you  
Debbie Bronson

# 2000 UNIFORM BUSINESS REPORT

99-DOAR

pg. 1 of 2

DOCUMENT # PA7000033987

1. Entity Name

JJ AERONAUTICS, INC.

Principal Place of Business

Mailing Address

6521 ALBEMARBLE PKWY SAME  
NEW PORT RICHTIE, FL 34653

FILED

00 MAR 27 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

6521 ALBEMARBLE PKWY

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHTIE, FL

4. FEI Number

65-0748241

Applied For

Not Applicable

Zip

Country

Zip

Country

34653

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUAN J. FRANCO

6521 ALBEMARBLE PKWY

NEW PORT RICHTIE, FL 34653

Name

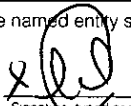
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  JUAN J. FRANCO

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.1.00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P JUAN J. FRANCO  
STREET ADDRESS 6521 ALBEMARBLE PKWY  
CITY-ST-ZIP NEW PORT RICHTIE, FL 34653

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 000003196100--6

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP -04/04/00--0103--007  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  JUAN J. FRANCO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.1.00

Date

Daytime Phone #

CR2E034 (9/99)

Attachment 19.2062

Transmittal Letter

JJ Aeronautics, Inc.  
6521 Albemarle Parkway  
New Port Richie, FL 34653

March 21, 2000

Florida Department of State

Re: 1999 Uniform Business Report  
Doc# P97000033987

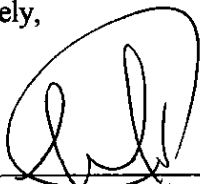
Dear Representative:

Please note that we never received the 1999 Uniform Business  
thus creating our current past due situation. As your records will  
indicate, we have always been on time with all of the required filings.

Please accept our apologies and any inconveniences this may have caused you.  
As per your telephone instructions we are enclosing a check for \$300 to cover  
the 1999 as well as the current 2000 report. Also note our new address.

Thank you for your attention and understanding in regards this matter.  
If you have any further questions please feel free to contact me at  
(727)845-3740.

Sincerely,



Juan J Franco-President

Enclosure