

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025848

1. Corporation Name

J & D AUTO SALES CORP.

2. Principal Office Address

700 NW 7TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

Country

US

3. Mailing Office Address

700 NW 7TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

Country

US

FILED

2007 APR 23 AM 10:41

SECRET
TALLAHASSEE, FLORIDA

100102634311
05/16/07--01026--026 **750.00

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/1995

5. FEI Number

65-0584666

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

RALPH MEDEROS

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

4114 NW 4TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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



Date

REGISTERED AGENT MUST SIGN

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

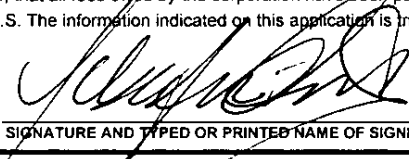
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOSEFINA CAMPS	7600 SW 18TH STREET	MIAMI, FL 33155

B 4/25/07

REINSTATEMENT

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:



PRESIDENT

4/14/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #