PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 4:06

DOCUMENT # P95000031800

1. Corporation Name

AUTO CHECK, INC.

Principal Place of Business	Mailing Address
3051 S.W. 38TH COURT MIAMI FL 33146	3051 S.W. 38TH COURT MIAMI FL 33146

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: 04/24/1995

5. FEI Number: 65-0578297 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	ACOSTA, RAFAEL	3051 S.W. 38TH COURT	MIAMI FL 33146
~~VD~~	~~BINGER, ADRIANA~~	~~3051 S.W. 38TH COURT~~	~~MIAMI FL 33146~~
~~STD~~	~~KEYS, NEAL S.~~	~~19711 N.W. 17TH ST.~~	~~N MIAMI BEACH FL 33162~~

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11/07/96 01050 018
****375.00 ****375.00

8. Name and Address of Current Registered Agent

KEYS, CAROL F
12700 BISCAYNE BLVD.
SUITE 203
NORTH MIAMI FL 33181

9. Name and Address of New Registered Agent

Name: RAFAEL ACOSTA
Street Address (P.O. Box Number is Not Acceptable): 3051 SW 38 Court
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33146

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 REQUIRED Date: 10-30-96

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 REQUIRED (10-10-96) (305)461-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)