

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p95000044531

1. Corporation Name

B & M Auto Sales INC.

2. Principal Office Address

3297 W. Oakland Pl Bld

Suite, Apt. #, etc.

City & State

Lauderdale Lakes

Zip

33311

Country

Broward

3. Mailing Office Address

1221 N.W 100 way

Suite, Apt. #, etc.

plantation

City & State

Plantation, FL

Zip

33322

Country

Broward

800028067948
02/03/04--01004--006 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1995

5. FEI Number

650586912

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

LADAN JALILEYAN

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

1221 N.W 100 way

Suite, Apt. #, Etc.

P

City

plantation

State

FL

Zip Code

33311

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

Ladan Jaliley

Date

1/27/04

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
<u>President</u>	<u>LADAN JALILEYAN</u>	<u>1221 N.W 100 way</u>	<u>plantation, FL, 33322</u>

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:

LADAN JALILEYAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

Daytime Phone #

954-473-9052

CR2001 (10/02)