

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000055076**

1. Corporation Name

**J & H AUTO SALES INC.**

Principal Place of Business

**7400 N.W. 39TH STREET  
LAUDERHILL FL 33319**

Mailing Address

**7400 N.W. 39TH STREET  
LAUDERHILL FL 33319**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/13/1995**

5. FEI Number

**65-0598329**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

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 3	City / State / Zip 4
<b>P</b>	<b>RAFAELIAN, JEFFREY</b>	<b>7400 N.W. 39TH STREET</b>	<b>LAUDERHILL FL 33319</b>

**900024713749**  
**11/14/03--01075--016 \*\*150.00**

8. Name and Address of Current Registered Agent

**RAFAELIAN, JEFFREY  
7400 N.W. 39TH STREET  
LAUDERHILL FL 33319**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**11-10-03**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-797-7997**

**11-10-03**

**FILED**  
**03 NOV 14 PM 1:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**REINSTATEMENT 03**

J & H Auto Sales, Inc  
3913 S. State Rd. 7  
Davie, FL 33314  
(954)-797-7997

Florida Department Of State - to whom it may concern,

This letter is to inform the department that our company had not recieved the corporation reinstatement form. We have recieved the notice of administrative dissolution. The company has been incorporated since 1995 and has no future plans to dissolve the corporation. We hope this will resolve the matter of any reinstatement fees and included is the reinstatement application and a check for the appropriate amount. Please feel free to call us anytime concerning this matter.

Sincerely,

Jeffrey H Rafaelan  
President