

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 PM 2:52

DOCUMENT # P95000062157

1. Corporation Name

E & L AUTO BROKERS, INC.

REINSTATEMENT 03.04

2. Principal Office Address

14165 S.W. 139 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33186

Country
USA

3. Mailing Office Address

14165 S.W. 139 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip
33186

Country
USA

400037719754
06/07/04--01027--003 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/11/1995

5. FEI Number

650604548

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

EGBERT A. GORRA

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

7390 S.W. 154 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33157

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

REGISTERED AGENT MUST SIGN

Date

JUNE 2, 2004

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
D	EGBERT A. GORRA	7390 S.W. 154 TERRACE	MIAMI, FLORIDA 33157
D	EGBERT GORRA, JR.	3901 S.W. 112 AVENUE, # 19	MIAMI, FLORIDA 33165

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:

EGBERT A GORRA JUNE 2, 2004 (305) 567-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9 AM