

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 JAN -2 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093463

1. Corporation Name

DREAM CARS & TRUCKS AUTO SALES, INC.

Principal Place of Business

Mailing Address

13377 N.W. 7 Street  
Plantation, FL 33325

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

2. New Principal Office Address, If Applicable

13377 N.W. 7 Street

Suite, Apt. #, etc.

Plantation

City & State

Plantation, FL

Zip

33325

Country

USA

3. New Mailing Office Address, If Applicable

13377 N.W. 7 Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33325

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/8/95

5. FEI Number

applied for

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)

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
P/D	VILLANEUVA, CARLOS	13377 N.W. 7 Street	Plantation, FL 33325

8000002391138--3  
-01706798--01069--014  
\*\*\*\*915.00 \*\*\*\*915.00

REINSTATEMENT

96-97  
12/2/98

8. Name and Address of Current Registered Agent

WALTERS, RONALD L.  
8415 W. McNab Road  
Tamarac, FL 33321

9. Name and Address of New Registered Agent

Name

PAUL M. BLOOMGARDEN

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

8551 W. Sunrise Blvd.

Suite, Apt. #, Etc.

Suite 100A

City

Ft. Lauderdale,

State

FL

Zip Code

33322

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

REGISTERED AGENT MUST SIGN

Date 12/31/97

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

CARLOS VILLANUEVA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/97  
Date

954-846-1111  
Daytime Phone #

CP25040 (12/95)