

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 14 PM 3:45

DOCUMENT # P96000008338

1. Corporation Name

G.P. AUTO CENTER, INC.

Principal Place of Business

Mailing Address

14720 W DIXIE HWY  
MIAMI FL 33161  
US

14720 W DIXIE HWY  
N MIAMI FL 33161  
US



REINSTATEMENT

01-02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0424048

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	NODARSE, ROBERTO	1910 NORTH HIBISCUS DRIVE	NORTH MIAMI FL 33181
STD	NODARSE, JUANA	1910 NORTH HIBISCUS DRIVE	NORTH MIAMI FL 33181
			100004793231--3 -01/24/02--01007--014 ****500.00 ****500.00
			100004793231--3 -01/24/02--01007--015 ****408.75 ****408.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NODARSE, ROBERTO  
1910 NORTH HIBISCUS DRIVE  
NORTH MIAMI FL 33181

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

JAN 9-2002

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.

\$ 908.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERTO NODARSE 1-9-02 305-947-0907

CR2040 (8/01)