

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra Northan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022538**

1. Corporation Name

**AUTOVISION, INC.**

Principal Place of Business

**3400 CORAL WAY  
SUITE 400  
MIAMI FL 33145**

Mailing Address

**3400 CORAL WAY  
SUITE 400  
MIAMI FL 33145**

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.

**SUITE 400**

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**SUITE 400**

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**03/12/1996**

5. FEI Number

**65-0654455**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	OSTER, BRIAN A	13150 S.W. 82ND COURT	MIAMI FL 33156
D	WALLIS, JOHN	10 MACOYA ROAD	TUNAPUNA TRINIDAD BWI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>HUSS, LOUIS D 9733 S. DIXIE HIGHWAY #3J MIAMI FL 33156</b>	Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc	City	State	Zip Code
					<b>FL</b>	

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

**1/5/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B. Hates**

**12/14/98**

**305 448 4160**

# ***AutoVision, Inc***

3400 Coral Way, Suite 400, Miami, Florida 33145

Phone: (305) 448-4160 Fax: (305) 447-1954

December 17, 1998

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl. 32314

Dear Sir/Madam

Further to my letter dated November 27, 1998 and my subsequent telephone conversation with your M/s Brommelly.

I am enclosing the Notice of Administrative Dissolution and our check for \$158.75 as instructed by M/s Brommelly, because the check and return which we sent on April 22, 1998 was not received by your office.

Sincerely



Brian A. Oster  
President

*P.S. Sorry for delay in returning the form. I had to wait for Louis Huss, the registered agent, to get back to work after the holidays so that he could sign it.*