

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVAL
AND
FILED

01 JUN -4 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000025815

1. Corporation Name

Jordi Auto Sales Corp.

2. Principal Office Address

4885 E 10 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1430 S.W 164 ave

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Pembroke Pines, Florida

Zip

Country

U.S.A

Zip

Country

33027

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

650658917

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

Carlos M Jordi

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

1430 SW 164 ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

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

Carlos M. Jordi

REGISTERED AGENT MUST SIGN

Date

5/27/01

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
President	Carlos M Jordi	1430 SW 164 ave	Pembroke Pines FL 33027
Vice President	Caridad Jordi	1430 SW 164 ave	Pembroke Pines FL 33027

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:

Carlos M Jordi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/01

Date

305 685-7400

Daytime Phone #

CR2E081 (9/00)

Pg 292
5/22/01

To whom it may concern:

I have enclosed my document and a copy of the letter you sent me.

I move to Broward county and had a terrible mix up with my address change. I did not receive any forms to renew ~~my~~ Corporation and since ~~I had never renewed it before~~

I was not expecting the forms. The paperwork must of been lost. I am sorry for any problems this caused. Please allow me a one time waiver fee. Thank you for your assistance.

Thank you,
Curtis