CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

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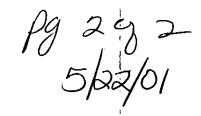
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SECRETARY OF STATE

DOCUMENT# \(\omega_{\text{L}}\omega_{\te			TALLAHASSEE, FLORIDA		
Jordi Auto Sale	s Corp.		TOPIDA		
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2. Principal Office Address	3. Mailing Office Addre				
4885 E 10 AVE	1430 S.W	·-··			
	Suite, Apt. #,/etc.		4. Date Incorporated or Qualified		
City & State	City & State		To Do Business in Florida 1996		
Hialeah, Florida	Pembroke f	Pines, Florida	<b>5.</b> FEI Number Applied For Not Applicable		
Zip Country U.S.A	zip 33 <i>0</i> 27	Country U.S.A	6. CERTIFICATE OF STATUS DESIRED S875 Additional Fee require		
UiJih		Address of Current Registere	ed Agent		
Name	, T ('	The state of the s	- Agent		
Street Address (P.O. Box Number is Not Acceptable)					
1430 SW	-07/23/0101011 <b>01</b> 1				
Suite, Apt. #, Etc.			****300.00 ****360.00		
city Pembroke P	State Zip Code FL 33027				
8. I, being appointed the registered agent of the a	above named corporation, am	familiar with and accept the ob	oligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent / MWM. W			5/27/01		
	REGISTERED AGENT MUST	SIGN	Date Ope 1/01		
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonpro	ofit corporations must list at lea	sst 3 directors)		
Titles Name of Officers and/or Director	Name of Street Address of Each Officers and/or Directors Officer and/or Director		City / State / Zip		
President Carlos M Ja	ordi 1430	SW 164 av	e Pembroke Pines Fl 3800		
Nice President Cariclad To	ordi 1430	SW 164 av	ve Pembroke Pines F1 3300		
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10. I certify that I am an officer or director or the re	ceiver or trustee empowered to	execute this application as pr	ovided 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



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 one 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,