

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

02 FEB 26 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035933

1. Corporation Name  
AMERICAN PRIDE AUTO SALES, INC.  
14041 N. Florida Ave  
TAMPA, FL 33613

2. Principal Office Address  
14041 N. Florida Ave

Suite, Apt. #, etc.

City & State  
TAMPA FL

Zip  
33613

Country  
Hillsborough

3. Mailing Office Address  
14041 N. Florida Ave

Suite, Apt. #, etc.

City & State  
TAMPA FL

Zip  
33613

Country  
Hillsborough

200005096862--5

-03/12/02--01042--022

\*\*\*\*308.75 \*\*\*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida June 1996

5. FEI Number  
59-3375097

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  
Mohammed ABU-Freijeh

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

6207 Chancey St

Suite, Apt. #, Etc.

City  
Tampa

State  
FL

Zip Code  
33647

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/15/02

**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	Mohammed ABU-Freijeh	6207 Chancey St	Tampa FL 33647

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 918-917-0995

Date

Daytime Phone #

CR2001 (9/01)

02/15/02 2002

ATTN: Department of State Division Corp.

This Letter is in Refrence to Uniform Business Report, we never Recieved this information, Please Waive the Penalty fee

Thank you  
Brenda Martinez  
a m k

P.S.

Attached you will find a check  
for \$308.75 Waiver fee which  
includes the fee for Certificate of  
Status.