							"		
(F)	PLEASE READ ATTEMENT	FLORIDA S		RTMEN B. Mor ary of S	NT OF STATE tham tate		INGHHISFORM FILED NOV 23 AH H: 4	1046	
DOCUMENT # P96000037091 1. Corporation Name MENENDEZ AUTO BROKER, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
9695 N.W. 79TH AVE 9695 BAY 7 BAY HIALEAH GARDENS FL 39016 HIAL US US			LEAH GARDENS FL 33016						
Suite Apt. #_etc. Suite Apt. #_etc. Suite Apt. #_etc. Suite City & State City Zip Country Zip			New Mailing Office Address, If Ap 4/65 N.W. 17 ities Apt. #, etc. 3 Apt. # 9 ty & Stafe Country		Applicable 13257	5. FEI Number	65-0678336	Applied For Not Applicable 75 Additional Fee required for a Certificate of Status	
Title(s)	Names and Street Addresses of Each Officer and/or Director (Florative(s) Name of Officers and/or Directors			rida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			umbers) 4 City / State / Zip		
D	MENENDEZ, MARIA		751 HIAL	EAR UK			HIALEAH FL 33010		
				- 		9	00002702 -12/03/98- ****150.00	01094006	
8. Name and Address of Current Registered Agent Name						Address of New Registered			
MENENDEZ, MARIA 9695 N.W. 79TH AVE. BAY 17 HIALEAH GARDENS FL 33016					Street Address (P.O. Box Number Is Not Acceptable) 75/ 1/1 9/0 94 DR. Suite, Apt. #, Etc. Hig/cg/ City State Zip Code FL 330/0				
10. 1, being Signature o Registered	Agent	FURE GISTERED AGE	RE	QL		bligations of Secti		- 1	
	is corporation owes or ha angible Personal Propert				Yes 🔲	No 🗆	ther side on inte	te for information haifte 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 filling 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

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rofe

MENENDEZ

AUTO BROKER, INC. Retail-Wholesale-Export

.4165 N.W. 132 Street Suite #9 Miami, Florida 33056 Tel:(305)231-8745 Fax:(305)231-8745 Beep(305)578-3131

NOU 16, 1998

DEAR Gentlemen:

ENCLOSED YOU will FIND A check for \$150.00.

I moved From this Address AND I did

NOT Receive this NOTICE. I spoke to your

OFFICE AND I WAS TOLD to SENT this AMOUNT

SINCE IT'S MY first TIME being late.

Any questions, please eall me at 305-231-8745

MARIA A Menerder