PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000046139**

1. Corporation Name

ANCHETA'S AUTO CONNECTION, INC.

Principal Place of Business

Mailing Address

7975 SW 45TH ST

SIGNATURE:

7375 SW 45TH ST MIAMI FL 33155 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Daytime Phone #

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						#7 80 ()	LIMC.	MIEMENT	GA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorporated or Qualified			
	<u> </u>					To Do Business In Florida 05/24/1996				
Sulte, Apt.	#, e1c.		#, etc.			5. FEI Number Applied For				
City & State City &				y & State			65-0757/92 Not Applicable			
Zip Country			Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED 4 S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ac	dresses of Each Officer an	d/or Director (Fk	orida nonprof	it corporations must li	st at lea	ast 3 directors)			
Title(s)	e(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No			<u>.</u>	City / State / Zip		
D	ANCHETA, EVELIO P			8321 SW 31ST ST			<u>``</u>	MIAMI FL 33155		
D	ANCHETA, EVELIO			8321 SW 31ST ST				MIAMI FL 33155		
D	GONZALEZ, FERNANDO			8261 SW 40TH ST				MIAMI FL 33155		
	į.						80	00002338 -11/04/97	****750.00 10985 11087022	
8. Name and Address of Current Registered Agent							9. Name and Address by New Registered Agent			
	TA, EVELIO				Name					
	W 31ST ST		Street Address (P.O. Box Number is Not Acceptable)							
MIAM	FL 33155			Sulte, Apt. #, Etc.						
					City			Stat		
10. I, being	appointed th	e registered agent of the at	ove named corp	oration, am fa	amiliar with and accep	t the ob	oligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent					ENT MUST SIGN			Date		
Int	angible	ration owes or h Personal Prope	as paid th ty tax due	e curre June 3	nt year 0. Yes		No 🗆	on inta	de for information ngible tax.)	
12. I certify	that I am an o	officer or director or the rece	eiver or trustee er	npowered to	execute this application	on as p	rovided for in cha	apter 607 or 617, F.S. I furthe	r 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR