ا هن ا	DI EACE DEAF	ALL INIC	TOLICTIONS	PECODE (	YOMBI ET	ING THIS FORM.	
APPĽIC FC REINSTA	CATION DR	FLORIC	A DEPARTME  Katherine Hi  Secretary of S  DIVISION OF CORPO	NT OF STATE arris Staté	1	FILED	
DOCUME	ENT # P- 96	0000	61893	}	99	NOV 30 PM 2: 16	
1 Corporation Na	of M Auto			Sooy Shop,	ŞE TAL	ECRETARY OF STATE LAHASSEE, FLORIDA	
,	N.W. 24 J	Mailing Add Freet	(Sam	e )			
	FL 33/27 es are incorrect in any way, line	through incorrect	9900000	A4598 correction below.	REINS	STATEMENT 97-90	7
	Office Address, If Applicable		ling Office Address, If	Applicable	Date Incorp     To Do Busin	orated or Qualified ness in Florida	-
Suite Apt # etc		Suite, Apt #	, etc.		5. FEI Number	7/24//96 Applied For	$\dashv$
City & State		City & State			65-00	68/4/5 Not Applicat	ək
Zψ	Country	2ip	Countr	у	6. CERTIFICATI	E OF STATUS DESIRED   \$8.75   A distribution regarded to a	n e di Es
7. Names and Stre	eel Addresses of Each Officer ar	nd/or Director (Flo					
Title(s)	Name of Officers and/or Directors	Of	Streel Address of Each Officer and/or Director  (Do NOT Use Post Office Box N		City / State / Zip		
PRES Hrea	Miguel A.	Bongo	728 N	W. 84th	Street	Hiami FL 33127	<b>-</b>
VP .	Gabriel Bo	11	728 NU	U 24th S	tieet	Hiami FL 33127	
Sec.	Rosa Alicia	Bongo	728 N.U	U. 24/35	treet	MiamifL 33127	
				4000030647248			
			,			***1050.00 ***1050.00	
	Name and Address of Course	ot Desistant Ass		T	0 11	LS	
8. Name and Address of Current Registered Agent Name					T. MATTIN BING A	Address of New Registered Agent	- 66
Mignel A. Borgo 728 NW 244 Street Migmi FL 33127  Suren					Address (P.O. Box Number is Not Acceptable)		
11: mai C1 33/27				Suite, Apt. #, Etc.			<b>∤</b> §
Ma	MI PC 53	127		City	·	State Zip Code	$\dashv$
10. Ebeing appoin	ted the registered agent of the a	bove named eorp	cation, am familiar wi	th and accept the ob	ligations of Section	on 607.0505, F.S.	$\dashv$
Signature of Registered Agent		RECISTERED AG	ENT MUST SIGN			Date 7/5/99	
	rporation owes the ole Personal Prope			Yes	□ No Œ	(See other side for information on intangible tax.)	
this reinstateme owed by Irie cor	nt application, the reason for dis	solution has been e names of individ	eliminated, the corpo luats listed on this lon	rate name satisfies t m do not qualify for a	the requirements an exemption und	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees fer section 119.07(3)(i), F.S. The information indicate	ed
SIGNATURE	SIGNATURA AND TYPED OR P	RINTED NAME OF	<u>RESIDEN</u> BIGNING OFFICER OR E	Hreasu PRECTOR	ie r	7 5/99 (305) 637-1444	!