

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -3 PH 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-02

DOCUMENT #

1. Corporation Name

AUTO IMEX, CORP.
P 96000074531

2. Principal Office Address

5000 Leighton Farms Rd.

3. Mailing Office Address

221 Meridian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

№ 309

City & State

Palm City FL.

City & State

Miami-Beach

Zip

Country

Zip

Country

349900

**USA
Florida**

33139

USA

4. Date Incorporated or Qualified To Do Business in Florida **09/05/1996**

5. FEI Number **65-0697289**

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

Wilfried Kuegler

900.00 - Adm

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

221 Meridian Ave. 309

61.25 - AK

Suite, Apt. #, Etc.

88.75 - ARSUPP

City

Miami - Beach

State

Zip Code

FL

33139

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

05/28/02

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	State	Zip Code
Chairman:	Wilfried Kuegler	221 Meridian Ave., Apt. 309	FL	33139
President:	Wilfried Kuegler	same	FL	33139
Secretary:	Wilfried Kuegler	same	FL	33139
Vice President:	Irina Koch	same	FL	33139
Treasurer:	Irina Koch	same	FL	33139

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

Date

Daytime Phone #

05/28/02 **305-9871333**

CR2E081 (9/01)