

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 15 PM 4:00

DOCUMENT # 01-024BR
p96000092082

1. Corporation Name

AUTO 2000 SALES CORPORATION
DBA PRO AUTO CORPORATION
2260 NW 26 AVE
MIAMI, FL 33142

2. Principal Office Address

2260 NW 26 AVE

3. Mailing Office Address

6892 SW 130 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33142

City & State

MIAMI, FL 33183

Zip

33142

Country

DADE, USA

Zip

33183

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-073-8054

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

LUIS E GOMEZ

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

6892 SW 130 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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

Luis E. Gomez

REGISTERED AGENT MUST SIGN

Date 11/14/02

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	LUIS E GOMEZ	6892 SW 130 AVE	MIAMI, FL 33183

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:

Luis E. Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

(305) 635-5522

Daytime Phone #

CR2E081 (9/01)