

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000011409**

1. Corporation Name

AUTO WHOLESALERS U.S.A., INC.

Principal Place of Business

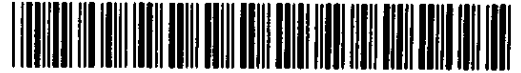
14360 NW 27TH AVENUE
 OPA LOCKA FL 33054

New Mailing Address

14360 NW 27TH AVENUE
 OPA LOCKA FL 33054

new **335 NE 154 ST.
 N. MIAMI BEACH FL 33162**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**335 NE 154 ST
 N. MIAMI BEACH FL
 33162**

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1997

5. FEI Number

65-0728026

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MANIAR, RAHILA	335 N.E. 154TH STREET	NORTH MIAMI BEACH FL 33162

200009090832
 11/20/02--01010--008 **150.00

8. Name and Address of Current Registered Agent

THILEM, PAUL
 6554 NW 43RD CT.
 CORAL SPRINGS FL 33061

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Paul Thilem* **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date _____

11. 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* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02 (305) 945-2141
 Date Daytime Phone #

CR2E040 (8/02)

AUTO WHOLESALER'S USA, INC.

14360 NW 27th AVE. OPA LOCKA FL 33054

(305) 688-8000 FAX (305) 688-2441

Date 11/2/02

To,
The Secretary of State
Dept. of State
Div. of Corporations

Dear Sir/Madame, we did not receive any renewal form for our corporation, the only notice we receive was of revocation. We cannot possibly pay such an exorbitant amount specially in these days. We are sending herewith the renewal fee of 150⁰⁰. Please accept it & renew our corporation. We will be eternally grateful.
Thank you

Yours sincerely
Rajiv

RAHILA MANIAR