

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

New

Mailing Address

14360 NW 27TH AVENUE
OPA LOCKA FL 33054

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

200008090832
11/20/02--01010--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

Date

REGISTERED AGENT MUST SIGN

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: *Paul Thilem* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

Date

(305) 945-2141

Daytime Phone #

CR2E040 (802)

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
Rajniya

RAJNIA MANIAR