

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000030962

1. Corporation Name

AUTO SALES GROUP, INC.

FILED

00 NOV 13 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1380 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062
US

1380 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062
US



REINSTATEMENT

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

950 N. FEDERAL HWY
Suite, Apt. #, etc. # 118

950 N. FEDERAL HWY
Suite, Apt. #, etc. # 118

City POMPANO BEACH

City POMPANO BEACH

Zip 33062 Country US

Zip 33062 Country US

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1997

5. FEI Number

65-0741448

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
PSTD	GLOVER, JACK	1380 SOUTH FEDERAL HIGHWAY	POMPANO BEACH FL 33062

300003493179-1
-12/11/00--01031-015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

JACK GLOVER

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

950 N. FEDERAL HWY

Suite, Apt. #, Etc.

POMPANO BEACH

City

State

FL

Zip Code

33062

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

10 NOVEMBER 2000

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Nov 2000 954 941 1188

Date

Daytime Phone #

CR2ED40 (8/00)