

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -4 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000049497

1. Corporation Name

AUTOMAX USA FINANCE, INC.

300007832893--4

-09/18/02--01066--005

****900.00 ****900.00

2. Principal Office Address

216 North Military Tr

3. Mailing Office Address

Suite Apt #, etc.

Suite Apt #, etc.

City & State

West Palm Beach FL

City & State

Zip

33415

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/03/97

5. FEI Number

65 075 9507

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

Michael Parkett

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

23271 COSTA DEL SOL BLVD

Suite Apt # Etc.

City

Boca Raton

State
FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

Michael Parkett

Date

8/30/02

REGISTERED AGENT MUST SIGN

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
P	Tony Cimmino	216 North Military Tr	West Palm Bch FL 33415

REINSTATEMENT 01-02

10. I certify that I am an officer or director or the secretary or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S., and 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 118.07(3)(b), 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

Tony Cimmino

8/30/02

Daytime Phone #

861-666-8880