

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

01 NOV -2 PM 5:10

DOCUMENT # P97000068056

1. Corporation Name

SPRINGS AUTO, INC.

2. Principal Office Address

705 N.W. 18 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33125

Country

USA

3. Mailing Office Address

1688 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33145

Country

USA

REINSTATEMENT

99-01

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1997

5. FEI Number

59-3546764

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

CECILIO GARCIA

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

1688 CORAL WAY

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33145

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

[Signature]

Date **10/30/01**

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
PD	ALMEIDA, FLORENTINO	705 NW 18 PLACE	MIAMI FL. 33125
VSD	GARCIA, CECILIO	705 NW 18 PLACE	MIAMI FL. 33125

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)(f), 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]*

CECILIO GARCIA

10/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #