PLEASE READ	ALL INSTRUCTIONS	S BEFORE CO	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE ortham State	APPROVEU AND FILED
DOCUMENT # P97000073104 1. Corporation Name			98 DEC 17 PM 4:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
LOS AMIGOS AUTO SALES, INC.			THAT ASSEE, FLORIDA
Principal Place of Business	Mailing Address		
1802 N. DIXIE HIGHWAY LAKE WORTH FL 33460	1802 N. DIXIE HIGHWAY LAKE WORTH FL 33480		
If above addresses are incorrect in any way, line thro	ough incorrect information and ente	r correction below.	INSTATEMENT 98
2. New Principal Office Address, if Applicable	3. New Mailing Office Address, I	SEX 18 16.1	Date Incorporated or Qualified To Do Business in Florida 08/22/1997
Suite, Apt. #_etc. City & State	Suite, Apt. #, etc.	ا ع	5. FEI Number Applied For
Zip Country	Zip Count	try	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.
7. Names and Street Addresses of Each Officer and/o		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Title(s) Name of Officers and/or Directors 2	(0	treet Address of Each officer and/or Director se Post Office Box Num	nbers) 4 City / State / Zip
Res. Ricardo Alva	WZ MAD B	barbacos	s Road Lake Clarke Shors, R.
V-Pres. Amparo Val	des 8001 U). lake Dr	ive Lake Marke Shores
			H 33481
			-12/23/3801046021 *****758.75 *****758.75
			Kernolia
8. Name and Address of Current R	Registered Agent		9. Name and Address of New Registered Agent
COLUMN MARKET MA		Ricardo	Alvarez.
'BUENO, JUAN-M 4 588 JULES ST. W . PALM-BEACH FL 334 15		Street Address (P.O.)	Box Number is Not-Acceptable)
		Lake Ca	larke Shores State Zip Code 33406
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 Paris FREQUEED 1998			
Registered Agent F174F110 AFWEELE DATE Date Date Date Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No (See other side for information on intangible tax.)			
12. 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 filling 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: 24020 Alvarez Tourist Dec. 4, 1998 4655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			