PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP 15 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073889

1. Corporate Name
NATIONS AUTO WORKS, INC.

Principal Place of Business
5100 N.W. 15 STREET
MARGATE, FL 33063

Mailing Address

REINSTATEMENT 98-99

If any of the above 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.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
8-29-97

5. FEI Number
65-0776990
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DANIEL DIAZ	7911 KIMBERLY BLVD N.LAUDERDALE, FL 33063	N.LAUDERDALE, FL 33068

900002993413--8
-09/22/99--01006--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

KENNETH J. DUNN ESQ
1701 W. HILLSBORO BLVD, SUITE 302
DEERFIELD BEACH, FL 33442

9. Name and Address of New Registered Agent

Name
DANIEL DIAZ
Street Address (P.O. Box Number is Not Acceptable)
7911 E KIMBERLY BLVD
Suite, Apt. #, Etc.
City
N. LAUDERDALE, FL
State
FL
Zip Code
33068

CR2E081 (12/98)

I hereby accept the appointment as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date 9/13/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

I am a director or officer 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 and taxes due 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 is true and accurate and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99
Date

Daytime Phone #