

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 12K

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -2 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073889

1. Corporation Name

NATIONS AUTO WORKS INC.

500005555155--5

-05/16/02--01055--009

****450.00 ****450.00

2. Principal Office Address

5100 N.W. 15TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

7911 E. KIMBERLY BLVD

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

N. LAUDERDALE, FL

Zip

33063

Country

USA

Zip

33068

Country

USA

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 ☐

7. Name and Address of Current Registered Agent

Name

DANIEL DIAZ

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

7911 E. KIMBERLY BLVD.

Suite, Apt. #, Etc.

City

N. LAUDERDALE

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date

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.

DANIEL DIAZ

7911 E. KIMBERLY BLVD

N. LAUDERDALE, FL 33068

00-02 UBR TS

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL DIAZ

Date

4/29/02 (954) 969-7679

Daytime Phone #


P9700007389
4/29/02

TO Whom It May Concern:
Doc. # P9700007389

This letter is in regards to the
Corporation been dissolved. NISTON AUTOWORKS INC.

We have not been receiving notices as of year
2000. Could you please waive the fees and
penalties to reinstate the corporation.

I greatly appreciate it
Thank you.


Daniel Diaz President

P.S. enclose is a check for the amount of
\$450- covering the 3 years. 00, 01, 02
