

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

00 JUN 26 AM 10:09

DOCUMENT # **PD1505108373**

1. Corporation Name

ALL EUROPEAN AUTO SALES, INC.

W-139A

2. Principal Office Address

1350 ALTERNATE A1A

Suite, Apt. #, etc.

City & State

JUPITER, FL.

Zip

33469

Country

U.S.

3. Mailing Office Address

SA 1350 ALT. A1A

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33469

Country

US

REINSTATEMENT 18-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/77

5. FEI Number

65-0834863

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

ROBERT A. ROSILLO

A-1

800003321488-5

-07/13/00--01002--023

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

501 SEA OATS DR.

*****1250.00 ***1250.00**

Suite, Apt. #, Etc.

A-1

City

JUNO BEACH

State

FL

Zip Code

33408

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]

REGISTERED AGENT MUST SIGN

Date

7/9/00

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.D. | Aouadi, Aziz | 1350 ALTERNATE A1A | JUPITER, FL. 33469 |
| S.T. | Chestek, Herb | 1350 ALT. A1A | JUPITER, FL 33469 |
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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

Date **7/9/00**

Daytime Phone #

(561) 575-1804