

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005844

1. Corporation Name

C.A.N. AUTO CONSULTANTS CORP.

2. Principal Office Address

16901 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

3. Mailing Office Address

16901 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

33157

USA

City & State

MIAMI, FLORIDA

Zip

Country

33157

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/98

5. FEI Number

65-0806028

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

JORGE L. GURIAN

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

2100 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

SUITE 600

City

CORAL GABLES

State

FL

Zip Code

33134

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 10/31/02

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
DP	ROCHE, FAUSTINO	16901 S. DIXIE HIGHWAY	MIAMI, FLORIDA 33157
DS	VILLAVARDE, PABLO C.	16901 S. DIXIE HIGHWAY	MIAMI, FLORIDA 33157

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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:

Faustino Roche / Faustino Roche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

305-525-2446

Daytime Phone #

CR2E081 (9/00)