

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 4:01

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P98000007596**

FIRST UNION AUTO CENTER, INC.  
11601 S.W 81st Terrace  
Miami FL 33173

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

01/26/98

4. FEI Number

65-0810963

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PS	ESLAMIFAR MANOCHER	11601 SW 81st Terrace	Miami FL 33173
			<del>300004467699-8</del>
			-07/10/01--01069--023
			****908.75 ****908.75
			REINSTATEMENT 00-01

## REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

AMERILAWYER  
343 Almeria Avenue  
Coral Gables FL 33134

8. Name and Address of New Registered Agent and/or Office

Name

ESLAMIFAR MANOCHER

Street Address (Do NOT Use P.O. Box Number)

11601 SW 81st Terrace

Street Address (Do NOT Use P.O. Box Number)

City and State

MIAMI

FL.

Zip

33173

9. 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 Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date JUNE 18, 2001

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ 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 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

*[Signature]*

Date

Daytime Phone #

Typed or printed name of signing officer or director