

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2011AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

11 APR 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000028718

1. Corporation Name

LN AUTO CENTER INC

200201534562
04/13/11--01002--003 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1725 W. 33 PL

Suite, Apt. #, etc.

3. Mailing Office Address

SMHC

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/98

5. FEI Number

65-0823274

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

Lester Norcisa

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

1725 W. 33 PL

Suite, Apt. #, Etc.

City

Hialeah FL

State

FL

Zip Code

33012

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 04/05/2011

REGISTERED AGENT MUST SIGN

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	Lester Norcisa	1725 W. 33 PL	Hialeah FL 33012

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

LESTER NORCISA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/11 (305) 894-1070

Date

Daytime Phone #