

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
TALLAHASSEE, FLORIDA

01 DEC -3 AM 10:00

DOCUMENT # P98000040325

1. Corporation Name

IDEAL Solution Auto Sales, INC.

2. Principal Office Address

7537 NW 7 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33150

Country

USA

3. Mailing Office Address

1425 NW 192 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/01/98

5. FEI Number

65-0828418

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

Guilfort Dieuvil

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

1425 NW 192 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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 11/27/01

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
President,	Jonathan T. L. Wu	7537 NW 7 AVE MIAMI, FL 33150	MIAMI, FL 33150
Vice President,	Guilfort Dieuvil	7537 NW 7 AVE	MIAMI, FL 33150
TREASURY,	MAGDALENE Dieuvil	7537 NW 7 AVE	MIAMI, FL 33150

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:

Guilfort Dieuvil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/01 (305) 7548886

Daytime Phone #

CR2E081 (9/00)