

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 27 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000048999

1. Corporation Name

Good Day Auto Sales, Inc

Good Day Auto Sales INC

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

4220 N.W. 17 Ave

Suite, Apt. #, etc.

MIAMI FLA 33142

City & State

Zip

Country

3. Mailing Office Address

12915 N.W. 22 Ave

Suite, Apt. #, etc.

MIAMI FLA 33167

City & State

Zip

Country

900145936039
03/16/09--01034--028 **900.00

3/16/09 01034 028 900.00
REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650-851827

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

Theodore Andre

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

12915 N.W. 22 Ave

Suite, Apt. #, Etc.

City

MIAMI FLA

State

FL

Zip Code

33167

☒ 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

Theodore Andre

REGISTERED AGENT MUST SIGN

Date 04-01-04

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
<u>President</u>	<u>Theodore Andre</u>	<u>12915 N.W. 22 Ave</u>	<u>MIAMI FLA 33167</u>
<u>S. T.</u>	<u>Monique Andre</u>	<u>12915 N.W. 22 Ave</u>	<u>Miami Fla 33167</u>

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 contained in Chapter 119, 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:

Theodore Andre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-09

Date

Daytime Phone #