

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000075896**

1. Corporation Name

T M AUTO SALES INC

FILED

04 FEB 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**142W. 21ST ST
HIALEAH FL 33010**

**142W. 21ST ST
HIALEAH FL 33010**

REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

650862701

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	ANTONIO B. OLIVERA	3775W. 2ND AVE	HIALEAH FL 33012

200029296262
02/24/04--01021--014 **\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANTONIO B. OLIVERA
142W 21ST ST
HIALEAH FL 33010**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO OLIVERA

Date

2.17.04

Daytime Phone #

CR2E081 (12/98)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE FL 32314

February 17, 2004

RE: TM AUTO SALES INC., # P98000075896.


Gentlemen:

We are, hereby, enclosing ck # 4218 for \$ 300.00 to cover Filing Fees for 2003 & 2004.

Due to our moving from 3783 W 18th AVE. HIALEAH, FL. 33012 to another location the Post Office failed to forward different pieces of mail, including the Annual Report.

Consequently we are requesting the Reinstatement of our Corporation.

Respectfully yours,


ANTONIO OLIVERA, President

enclosures