J-RLEASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
APPLICATION	FLORIDA DEPARTMENT OF STATE Katherine Harris	
FOR REINSTATEMENT	Secretary of State	FILED
DOCUMENT # PORO	DIVISION GE CORPORATIONS	00 MAR 31 AM 8: 03
Corporation Name		
Nice Auto Sales Inc.		SECRETARY OF STATE TALLAHASSEE. FLORIDA
Principal Place of Business	Mailing Address	
9808 N.W 80Ave Bay 10T Hialeah Gardens	( //	
F4.33016		
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable	ough incorrect information and enter correction below.	4. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida 9-15-198  5. FEI Number  Applied For
City & State	City & State	65-0862026 Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name of Officers	or Director (Florida nonprofit corporations must list at lea Street Address of Each	
Title(s) and/or Directors	Officer and/or Director  3 (Do NOT Use Post Office Box N	
Tester Vorge Bull-	H1a 5 5 5 6 L	Howear # 33010 Part of Cor
Market Tulio C. Rody	iquez 133 west 17 57	treet Hialeah FL33010
ice Pres Altredo E. C.	NZ 5041 East	+1Ave Higlenh FL33013(12)
proced by	- 11 2431	ngen
		200003213532 M -04/18/0001115001 *****900.00 *****900.00
		*****500.00
		. , 5
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name		
133 west 17 Street	Street Artiless (P	Pedo E. CYVZ  O. Box Number, is Not Acceptable) Avenue
thealeah FL 33010 Suya Apt. #, Etc.		
· .	Hialea	4 FL State Zip Code 73 3013
10. I, being appointed the registered agovernment of the special points of the special p		
REGISTERED AGENT MUST SIGN		
11. This corporation of the current year Intangible Personal Property Tax due June 30.  Yes No 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 filling 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.		
345-6692 Tillip ( Radriguez 1-7-00 305-945-7523		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date		

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