

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

00 JUL 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *P98000098301*

1. Corporation Name

USA #1 Auto Corp.

Mailing Address

Principal Place of Business

*534 West 65 St. Same as above
Hialeah, Fla. 33012*

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *99-00*

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida*11/23/98*

5. FEI Number

65-0877149

Applied For

Not Applicable

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
<i>P/D</i>	<i>Carlos M. Rodriguez</i>	<i>534 West 65 St.</i>	<i>Hialeah, Fla. 33012</i>
			<i>300003350353--0</i> <i>-08/09/00--01015--002</i> <i>****400.00 ****400.00</i>
			<i>300003350353--0</i> <i>-08/09/00--01015--003</i> <i>****500.00 ****500.00</i>

8. Name and Address of Current Registered Agent

*Carlos M. Rodriguez
5610-A East 8 Ave.
Hialeah, Fla. 33013*

9. Name and Address of New Registered Agent

Name *Carlos M. Rodriguez*

Street Address (P.O. Box Number is Not Acceptable) *534 West 65 St.*

Suite, Apt. #, Etc.

City *Hialeah, Fla. 33012* 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*X* *[Signature]*

REGISTERED AGENT MUST SIGN

Date

*7-11-00*11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

7-11-00