

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 10 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103227

1. Corporation Name

Global Auto Sales, Inc.

2. Principal Office Address

826B NE 1st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

826B NE 1st Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33304

Country

Zip

33304

Country

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

5. FEI Number

65-0884888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700025401707
12/10/03--01071--013 **1050.00

7. Name and Address of Current Registered Agent

Name

Ira Streiner

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

same as above 826B NE 1st Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33304

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**

Ira Streiner

Date 12-7-03

REGISTERED AGENT MUST SIGN

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
P	Ira Streiner	826B NE 1st Avenue same as above	Ft. Lauderdale FL 33304

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:

Ira Streiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-03

Date

954-471-3900

Daytime Phone #

CR2E081 (10/02)