

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 18 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006646

1. Corporation Name

IMAGINATION AUTO SALE, INC.

2. Principal Office Address

6803 SOUTH DIXIE HWY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33405

Country

PALM BEACH

3. Mailing Office Address

6803 SOUTH DIXIE HWY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33405

Country

PALM BEACH

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

January 22, 1999

5. FEI Number

65-0889796

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

RAFAEL JUAN PEREZ

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

6803 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL

State

FL

Zip Code

33405

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**

Rafael J. Perez
REGISTERED AGENT MUST SIGN

Date 6/14/01

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
PD	RAFAEL JUAN PEREZ	6803 SOUTH DIXIE HWY	WEST PALM BEACH, FL 33405

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:

Rafael J. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL JUAN PEREZ

6-14-01

Date

561-389-1612

Daytime Phone #