

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 22 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900136223129
09/22/08--01060--003 **300.00

REINSTATEMENT
CR2E081 (12/07) 07-08

DOCUMENT # P99000013540

1. Corporation Name

INTERAMERICAN AUTO, INC.

2. Principal Office Address - No P.O. Box #

5217 NW 35TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

5217 NW 35TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number
65-0900168

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

JORGE SIERRA

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

5217 NW 35TH CT

Suite, Apt. #, Etc.

City

MIAM

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date 09-16-2008

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	JORGE SIERRA	5217 NW 35TH CT	MIAMI, FL 33142

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 contained in Chapter 119, 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

09-16-2008

Date

Daytime Phone #