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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE C 03-APR-18--PM-12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000024927

1. Corporation Name

KIKO"S AUTO SALES, INC.

REINSTATEMENT 04-03

2. Principal Office Address	3. Mailing Office Address
7319 NW 61 ST	7319 NW 61 ST
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-18-1999

5. FEI Number: 65-0903074 ☐ 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: ALBERTO ARGUELLES

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

Suite, Apt. #, Etc.: 7319 NW 61 ST

City: MIAMI State: FL Zip Code: 33166

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: [signature] Date: 04-14-03

REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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
D	ALBERTO ARGUELLES	7319 NW 61 ST	MIAMI FL 33166

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: [signature] ALBERTO ARGUELLES 04-14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : M.A.V. CORPORATE SERVICES
Account Number : I20000000007
Phone : (954)989-4530
Fax Number : (954)966-5273

CORPORATION REINSTATEMENT

KIKO'S AUTO SALES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00