PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State 3 DIVISION OF CORPORATIONS FILED

00 DEC -8 AM 9:46

SECRETARY OF STATE TALLAHASSEE. FLORIDA

1. Corporation Name AUTO SALES X-PRESS, INC.

P99000029215

Principal Place of Business

DOCUMENT #

Mailing Address

11899 N.W. 27 AVE. MIAMI FL 33167

11899 N.W. 27 AVE. MIAMI FL 33167

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If above addresses are incorrect in any way, line	through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable 13135 N.W. 42 AUE	3. New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida 03/30/1999	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State On A-LOCKA FLA.	OPA-LOCKA, IL,	65-0908666	Not Applicable
OPA-LOCKA FLA. Zip Country 33054 USA	Zip Country 33 PJ-Y USA	6. CERTIFICATE OF STATUS DESIRED (\$8.75)	Additional Fee required Certificate of Status

7. Names	and Street Addresses of Each Officer and/or Director (Flo	rida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	MENDEZ, JULIO	11899 N.W. 27 AVE. 13/35 4.W. 47 AUG	MAMIFL 33167 33-0-4
SDV	CUETO, ANTHONY	1.1899 N.W. 27 AVE.	-MAMI FL 33167- -3305V
		_	
		Б	000035057555 -12/19/0001053010 ****150.00 ****150.00
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	8. Name and Address of Current Registered Ag	ent 9. Name and /	Address of New Registered Agent

	Name	
MENDEZ, JULIO 11899 N.W. 27 AVE. MIAMI FL 33167	Street Address (P.O. Box Number is Not Acceptable) /3/3/5 Suite, Apt. #, Etc.	-
	City State Zip Code	┪

10. I, being appointed the registered agent of the above named corporation, am familiar with

Signature of Registered Agent 1

REGISTERED AGENT MUST SIGN

11. 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 filling 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:

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

P49000629215 Fax

October 23, 2000

Division of Corporations Annual Reports/ Reinstatement Section P O Box 6327 Tallahassee, FL 32314-6327

Ref: Application for Reinstatement - Auto Sales X-Press, Inc.

Enclosed please find my check in the amount of \$ 300.00 for my reinstatement fee.

Also included, completed and executed Application for Reinstatement. Please make note that we did not receive the original report because of incorrect address.

Thank you for your assistance in this matter.

Sincerely,

Julio Mendez