8505211020 CSC 520 P02 APR 30 '02 13:42

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -1 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042163

1. Corporation Name: AOM Auto Sales Inc

01-02

2. Principal Office Address	3. Mailing Office Address
5923 Plunkett	13015 State RD7
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33023 Country: USA	Zip: 33023 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MAY 5 1999

5. FEI Number: 65-0915570 ☐ 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: ALVIN P MARRERO

Street Address (P.O. Box Number is Not Acceptable): 3145 LUNA ct #9

Suite, Apt. #, Etc.: Hollywood

City: Hollywood State: FL Zip Code: 33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent: A P Marrero Date: 4-30-02

REGISTERED AGENT MUST SIGN

CR2E081 (4/01)

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
owner	ALVIN P MARRERO	3145 LUNA ct #9	Hollywood FL 33021

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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: A P Marrero 4-30-02

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

Tal 2

ACCOUNT NO. : 072100000032

REFERENCE : 559818 7335248

AUTHORIZATION : Patricia Pyzjut

COST LIMIT : $ 900.00

ORDER DATE : May 1, 2002

ORDER TIME : 3:08 PM

ORDER NO. : 559818-005

CUSTOMER NO: 7335248

CUSTOMER: Mr. Alvin Marrero
Apm Auto Sales Inc.
5923 Plunkett St.

Hollywood, FL 33023-2349

RECEIVED
02 MAY -1 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: APM AUTO SALES INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar-EXT#1124

EXAMINER'S INITIALS: _____