

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000077517

1. Corporation Name

BLACK JACK AUTO & TRUCK WHOLESALE, INC.

Principal Place of Business

Mailing Address

2430 N.W. 79 ST.
MIAMI FL 33147

2430 N.W. 79 ST.
MIAMI FL 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6801 NW 27 Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6801 NW 27 Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33147

Country

USA

City & State

Miami FL

Zip

33147

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

65-0947701

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)
1

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PSTD

VELEZ, MIGUEL

6801 NW 27 Ave
2430 N.W. 79 ST.

MIAMI FL 33147

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-08/09/02--01020--007

***1050.00 ***1050.00

REINSTATEMENT

00-02
78

8. Name and Address of Current Registered Agent

VELEZ, MIGUEL

2430 N.W. 79 ST.

MIAMI FL 33147

9. Name and Address of New Registered Agent

Name

Miguel A. Velez

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

6801 NW 27 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

07/01/02

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/02

Date

(305) 835-0080

Daytime Phone #

CR2E040 (8/00)