

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 25 AM 11:35

DOCUMENT # P99000098991

1. Corporation Name

Bro Auto Sales Inc.

REINSTATEMENT

01-07

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

4857A Dorewood Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

4857A Dorewood Ter.

Suite, Apt. #, etc.

City & State

Boynton Beach FL.

Zip 33436

Country

USA

City & State

Boynton Beach FL.

Zip 33436

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 1999

5. FEI Number

650966329

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

Robert Ray Hayman

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

817 NW 13 Ave

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33004

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Ray Hayman

REGISTERED AGENT MUST SIGN

Date 6-22-07

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
Pres	Robert Hayman	817 NW 13 Ave	Dania Beach, FL 33004

500104924415
06/25/07--01038--021 **1050.00

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:

Robert Ray Hayman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-07

Date

954-465-5550

Daytime Phone #