

802000192511 2 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

202

CORPORATION REINSTATEMENT



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

FILED

02 SEP -9 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106968

1. Corporation Name
GERMANCO AUTO SALES, INC.

HR

REINSTATEMENT 2002

2. Principal Office Address
9741-A NW 27 AVE
Suite, Apt. #, etc.

3. Mailing Office Address
9741 NW 27 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33147

Zip Country
33147

4. Date Incorporated or Qualified To Do Business in Florida
12/10/99

5. FEI Number
65-0971263

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED See 25. Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent
Name: ALI HAMOUD
Street Address (P.O. Box Number is Not Acceptable): 9741 NW 27 AVE
Suite, Apt. #, Etc.:
City: MIAMI
State: FL Zip Code: 33147

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]*
REGISTERED AGENT MUST SIGN
Date: 9/5/02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
02	ALI HAMOUD	9741 NW 27 AVE	MIAMI FL 33147

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 disqualification 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)(c), 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

9/5/02 305-693-0054
Date
Corporate Phone #

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Florida Department of State
Division of Corporations
Public Access System

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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

GERMANCO AUTO SALES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00