

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 FEB 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107795

1. Corporation Name

CEL AUTO CORP.

2. Principal Office Address

6925 NW 46 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33164

Country

3. Mailing Office Address

2274 SW. 2 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33135

Country

REINSTATEMENT

00-03

200013718122

03/10/03--01006--021 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida

12-14-1999

5. FEI Number

43-1998393

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

Lazaro N. Hernandez

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

2274 SW. 2 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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 02-18-03

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
President	Eugenio Acosta III	16333 SW. 63 Terr.	MIAMI, FL 33193
V.P.	Lazaro N. Hernandez	2274 SW. 2 ST.	MIAMI, FL 33135

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-03

Date

786) 290-1483

786) 412-0052

Daytime Phone #