PLEASE READ	ALL INSTRUCTION	ONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPART Katherin	TMENT OF STATE ne Harris	1 2 3 3 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
REINSTATEMENT	Secretary DIVISION OF CO		99 JUL -6 AM II: 13
DOCUMENT # S 83°	740		SECRETARY OF STATE TALL AHASSEE, FLORIDA
individual Automobile Imports, Inc.			WHITE ENDINGS IT STORES
Principal Place of Business	Mailing Address		
Fl. Landerdale, FL	413 N. Fede	ral Hwy F	REINSTATEMENT OR GO
	Ft. Lander	dale,	10
	FL 33301		700029365577 -07/20/9901076004
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable	3. New Mailing Office Address		****900.75 ****908.75
Suite, Apt. #, etc.	Suite, Apt. #, etc.		10 Do Business in Florida 7/89
City & State	City & State		5. FEI Number Applied For Not Applied by
Zip Country	<u> </u>	Country	The reprior of
Z.p coom,			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Florida nonprofit o	corporations must list at lea Street Address of Each	
Title(s) and/or Directors 2	3 (Do N	Officer and/or Director NOT Use Post Office Box N	tumbers) City / State / Zip
President STEFFIN HAUST	11700 413 10	TEXERAL (HWY. FT. LAWLEDDALE, FL 33301
8. Name and Address of Current F	Registered Agent	Name	9. Name and Address of New Registered Agent
Kai Stadler 1390 E. Terra Mar Dr. Pompane Beach, FL 33662			O. Box Number is Not Acceptable) JE BHYVIEW DR. State Zip Code
10. I, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Agent Page 12/3c/98 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 🗵 (See other side for information on inlangible tax.)			
12. 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 Date (954) 467- 6641			