PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S93555**

1. Corporation Name

AUTOMOTIVE SALON, INC.

Principal Place of Business	Mailing Address
6520 WEST COMMERCIAL BLVD. LAUDERHILL FL 33319	6520 WEST COMMERCIAL BLVD. LAUDERHILL FL 33319

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	6520 WEST Commercial Blvd Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **11/12/1991**

5. FEI Number: **65-0307332** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BORREMANS, JOZEF M	6510 W. COMMERCIAL BLVD.	LAUDERHILL FL

500002011605--4
-11/21/96--01093--008
***375.00 ***375.00

REINSTATEMENT 1996
A. Allen
11-18-96

8. Name and Address of Current Registered Agent

BORREMANS, JOZEF M
6520 W. COMMERCIAL BLVD.
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name: BORREMANS, JOZEF
Street Address (P.O. Box Number is Not Acceptable): 6520 WEST Commercial Blvd
Suite, Apt. #, Etc.:
City: LAUDERHILL FL 33319
State: FL Zip Code:

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 REQUIRED — REGISTERED AGENT MUST SIGN
Date: 11/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/17/96
Daytime Phone #: 954 577-5900

CR2E006 (6/95)