

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V06475

1. Corporation Name

AutoTrend, Inc.

2. Principal Office Address

500 N. Federal Hwy. 500 N. Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hallandale, FL. Hallandale, FL.

Zip

Country

33009

Broward

Zip

Country

33009

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-92

5. FEI Number

65-0308162

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Aman Azadi

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

2065 N.E. 204 St.

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date 11-12-02

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
PD	Aman Azadi	2065 N.E. 204 St.	N. Miami, FL 33129
S	Dora M. Cooper	2065 N.E. 204 St.	N. Miami, FL 33129

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-455-3636

Date

11-12-02

Daytime Phone #

CR2E081 (9/01)

2/11/15

AUTO TREND, INC.
500 N. FEDERAL HWY.
HALLANDALE, FL. 33009
954-455-3636

11/12/2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314


RE: Renewal /Reinstatement #V06475

Dear Sirs,

Enclosed, please find the renewal and reinstatement for the above corporation, and a check in the amount of \$150.00, this form was never received in our office, please note that the address was change on April 17, 2001.

Thank You.

Sincerely,


Dora Cooper
Secretary