

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPROVED #340.00  
AND FILED

APPLICATION FOR REINSTATEMENT



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

1997 MAY 19 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V31574

1. Corporation Name **JOSE'S AUTO SALES, INC.**

Principal Place of Business: **MIAMI, FL**  
Mailing Address: **2634 NW 27TH AVE. MIAMI, FL 33142-6535**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **04/24/92**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0329614**  
Applied For   
Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
p	David Gronowich	5555 Collins Ave # 4B	MIAMI BEACH, FL 33139
V/P	ALIDA Gronowich	5555 Collins Ave # 4B	MIAMI BEACH, FL 33139
			000002187030--8 -05/21/97--01099--011 ****740.00 ****740.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DAVID GRONOWICH**  
**5555 COLLINS AVE # 4B**  
**MIAMI BEACH, FL 33139**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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: *David Gronowich*  
Date: **2/14/97**  
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *David Gronowich*  
**DAVID GRONOWICH** PRESIDENT  
Date: **1/2/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)