

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587614

1. Corporation Name

JORMAN BODY SHOP, INC.

600018801986
05/12/03--01032--011 **2250.00

2. Principal Office Address

10475 SW 186 LANE

3. Mailing Office Address

SAME

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33157

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1814428

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JORGE L. MARQUEZ

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

11981 SW 185 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

Date 05/07/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JORGE L. MARQUEZ	10475 SW 186 LANE	MIAMI, FL 33157
SEC.	MARTHA MARQUEZ	10475 SW 186 LANE	MIAMI, FL 33157

REINSTATEMENT 92-03

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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

5/7/03

Date

(305) 233-5868

Daytime Phone #

CPS0201 (10/02)