## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

#### DOCUMENT # P02000131427

1. Corporation Name

### RODRIGUEZ AUTO SALES & REPAIR, INC.

Principal Place of Business

Mailing Address

1301 N. 22ND STREET **TAMPA FL 33605** 

1301 N. 22ND STREET TAMPA FL 33605

FILED

03 OCT 13 PM 1: 01

SECRETARY OF STATE TALLAHASSEE. FLORIDA

REINSTATEMENT 03

10/14/03--01002--029 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12/13/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State

 -59-187-90-7-4	<del></del>	Not Applicable
 6. CERTIFICATE OF STATUS DESIRED		Iditional Fee required ertificate of Status

Country Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director and/or Directors TAMPA FL 33605 Ρ RODRIGUEZ, CANDIDO A 2809 CLARK STREET 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Name 276 RODRIGUEZ, CANDIDO A Street Address (P.O. Box Number is Not Acceptable) 2809 CLARK STREET Suite, Apt. #, Etc. **TAMPA FL 33605** State Zip Code City

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. or 617.0505, F.S.

Signature of Registered Ager

REGISTERED AGENT MUST SIGN

Date Oct 08/03

11. 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

## RODRIGUEZ AUTO SALES AND REPAIR INC. 1301 N. 22nd ST. TAMPA FLORIDA 33508

TAMPA, Oct 08/2003

Florida Department of State Division of Corporations Tallahassac = Floria

DEAR SR.

This is to notify you that this corporation aid not receive the two prior uniform business report (UBR) notices.

Thanks

AN dido A. Rodriquez