PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1 of 2

APPROVED AND FILED

06 JUL 19 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300077953938
07/25/06--01041--004 **450.00

DOCUMENT # P03000043797

1. Corporation Name
KEYSTONE REPAIR & INSTALLATION CORP.

W06-28985

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
10261 SW 6TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State
Zip: 33174 Country: MIAMI-DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/2003

5. FEI Number: 04-3755578 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: RODOVALDO LOPEZ.

Street Address (P.O. Box Number is Not Acceptable): 4445 40 STREET NE.

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34120

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 06/16/06

REGISTERED AGENT MUST SIGN

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
P	RODOVALDO LOPEZ	4445 40 STREET NE	NAPLES, FL 34120
VP	BRENDA LOPEZ.	4445 40 STREET NE	NAPLES, FL 34120

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 contained in Chapter 119, 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: _____ PRESIDENT 06/16/06 (305)807-1842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/2/54

KEYSTONE REPAIR & INSTALLATION CORP.
IS change address and don't receive
any mail for Annual Report 2004 -
2005 - 2006 years.

I send change address in 12/28/2003
and never receive response mail.
I need reinstatment ACTIVE

Thank you.

RODOVALDO LOPEZ
PRESIDENT.
06/16/06.