

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000037110 1. Entity Name S AND R AUTOMOTIVE, INC.					
Principal Place of Business 5415 NW 15TH STREET BAY 17 MARGATE, FL 33063 US			Mailing Address 1700 SW 69TH AVE NORTH LAUDERDALE, FL 33068 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0585196	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CERVANTES, SEBASTIAN 5415 NW 8TH STRET BAY 17 MARGATE, FL 33063				7. Name and Address of New Registered Agent Name RUBEN QUICENO Street Address (P.O. Box Number is Not Acceptable) 1700 SW 69 AVE City NORTH LAUDERDALE FL Zip Code 33068	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE RUBEN QUICENO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUICENO, RUBEN 1700 SW 69TH AVE. NORTH LAUDERDALE, FL 33068	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: RUBEN QUICENO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date (954) 970-3015 Deviante Phone #		

FILED

07 DEC 14 PM 4:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04-16-07 90055 020 \$150.00



REINSTATEMENT

12052007 REINSTATEMENT 07

S & R AUTOMOTIVE, INC.

5415 NW 15 ST., BAY 17
MARGATE, FL 33063
PHONE: (954)970-9015

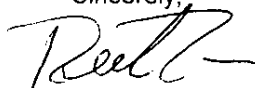
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed a Reinstatement for S & R Automotive, Inc., Document No. P95000037110. It seems that the Annual Report fee was received on 4/23/2007, but a signature was missing on the report.

Unfortunately, the letter stating that and the request for the signature was not received. Only now I received the notice of dissolution, so I am asking to be reinstated and that the penalty be waived, because of my not receiving the notification. I sincerely appreciate your help in this matter.

Sincerely,



Ruben Quiceno
President

RQ/nz