2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 DEC 14 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-16-07 90055 020 $150.00

REINSTATEMENT
12052007 REIN CR2E098 (1/07) 07

DOCUMENT # P95000037110

1. Entity Name
S AND R AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
5415 NW 15TH STREET BAY 17 MARGATE, FL 33063 US	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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERVANTES, SEBASTIAN 5415 NW 8TH STREET BAY 17 MARGATE, FL 33063	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 [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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/18	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] RUBEN QUICENO (954) 970-3015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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