

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -3 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000009707

1. Corporation Name

Perfection Auto Repair, Inc.

500011597925
01/31/03--01081--004 **308.75

2. Principal Office Address

4404 NW 13th St.

3. Mailing Office Address

4404 NW 13th St.

Suite, Apt. #, etc.

Bay #: 20

Suite, Apt. #, etc.

Bay #: 20

City & State

Gainesville, FL.

City & State

Gainesville, FL.

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1996

5. FEI Number

59-3031877

Applied For

Not Applicable

Zip

32609

Country

Alachua

Zip

32609

Country

Alachua

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge A. Nunez, Sr.

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

4404 NW 13th St.

Suite, Apt. #, Etc.

Bay #: 20

City

Gainesville

State

FL

Zip Code

32609

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

REGISTERED AGENT MUST SIGN

Date 1/28/03

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/V/D	Jorge A. Nunez, Sr.	5658 SW-104th Terrace	Gainesville, FL. 32608

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:

Jorge A. Nunez, Sr., Pres.

01/28/03

352-373-3859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW

CR2E081 (10/02)

272

PERFECTION AUTO REPAIR,
INC.

4044 NW 13th St.
Bay #: 20
Gainesville, FL
32609
352-373-3859
352-373-5872 Fax

1/28/2003

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL. 32399

To whom it may concern,

This letter is to inform you that I did not receive any paperwork for my annual report and was told last week that the corporation was dissolved due to non-filing an annual report.

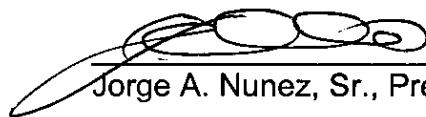
I never received a renewal and after looking at the form I printed off of the internet, the wrong address is shown.

I called the department this morning and the lady that answered the phone told me to fill out the attached reinstatement form along with this letter explaining why the payment was not sent on time and a check for \$ 308.75.

She also said that the corporation would be reinstated and a cert. sent to me at the address above.

If you have any other questions, Please call me at the number above.

Thank-You for your anticipated cooperation in this matter,



Jorge A. Nunez, Sr., President