

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 24 AM 9:26

DOCUMENT # 592104

1. Corporation Name

NATIONWIDE AUTO REPAIR CENTER, INC.

Principal Place of Business

2582 HAAS AVENUE  
CLEARWATER FL 33763

Mailing Address

2582 HAAS AVENUE  
CLEARWATER FL 33763



200008801362  
11/05/02--01028--020 \*\*750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1870247

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PEREZ, MARTA	80 KENDRA WAY, #918	PALM HARBOR FL
VP	PEREZ, PEDRO	80 KENDRA WAY, # 918	PALM HARBOR FL

8. Name and Address of Current Registered Agent

PEREZ, HOGO  
2582 HAAS AVENUE  
CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name PEDRO PEREZ  
Street Address (P.O. Box Number is Not Acceptable)  
2582 HAAS AVE  
Suite, Apt. #, Etc.

City CLEARWATER

State FL

Zip Code 33763

CR2E040 (8/02)

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 Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-22-002

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]* PEDRO PEREZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #