

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 612853 (2)

1. Corporation Name

TARRIMAR TRAILER AND EQUIPMENT REPAIRS, INC

Principal Place of Business

Mailing Address

1330 CORAL WAY
SUITE 301
MIAMI, FL 33145-2945

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/-1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1890020

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	TARRIOS, EDIS	7580 S.W 28 TERRACE	MIAMI, FL 33155
S	PAREDES, MARITZA	7501 S.W 16 TERRACE	MIAMI, FL 33155
T	RODRIGUEZ, AIDA	14078 S.W 160 TERRACE	MIAMI, FL 33177

800002018768-0

-12/04/96-01001-004

***383.75 ***383.75

9611-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TARRIOS, EDIS
7580 S.W 28 TERRACE
MIAMI, FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

Edis Tarrios

REGISTERED AGENT MUST SIGN

Date

11/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

AIDA RODRIGUEZ

AIDA RODRIGUEZ

11/11/96

860-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

Date

Daytime Phone #

TREASURER