

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F14011

1. Corporation Name

AL Arias Automotive Equipment, Inc

800008510738
10/22/02--01050--003 **150.00

2. Principal Office Address

14260 SW 136 St

Suite, Apt. #, etc.

Bay #9

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

14260 SW 136 St

Suite, Apt. #, etc.

Bay #9

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/1981

5. FEI Number

592058323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Howard Soltz

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

8091 SW 90 Ave

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33173

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

Date

10/18/02

REGISTERED AGENT MUST SIGN

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	Howard Soltz	8091 SW 90 Ave,	Miami FL 33173
V	Ronald Newman	37 Dolphin Rd	Key Largo, FL 33037
T/S	Julia M. Essman	37 Dolphin Rd	Key Largo, FL 33037

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:

Julia M. Essman

Date

10/18/02

Daytime Phone #

305. 969.0999

CR2ED01 (9/01)

js 10/24/02

SHEA'S AUTO GLASS, INC.
1313 N.W. 4TH PLACE
GAINESVILLE, FL 32603
(352)372-4353

10/22/02

Florida Department of State

Re: Wavier of Reinstatement Fee

Please be advised that this for-profit corporation did not receive the two prior UBR notices.

It is therefore requested that the reinstatement fee be waived.

The reinstatement form and fee of \$150.00 is attached hereto.

Shea's Auto Glass, Inc.

By


Irwin Hall, Director