

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 DEC 17 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F62013**

1. Corporation Name

TECHNICAL AUTOMOBILE CENTER, INC.

2. Principal Office Address

4100 Davie Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33317

Country

U.S.A.

Zip

Country

700009527737

12/16/02--01085--001 \*\*1058.75

**REINSTATEMENT**

00-02

4. Date Incorporated or Qualified

--To Do Business in Florida 1/29/82

5. FEI Number

59-2323589

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

Francisco M. Juarez

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

4100 Davie Boulevard

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State  
**FL**

Zip Code  
33317

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

*Francisco M. Juarez*

REGISTERED AGENT MUST SIGN

Date **12/09/02**

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,D	Francisco M. Juarez	4100 Davie Blvd.	Fort Lauderdale, FL 33317
S/T	Francisco J. Rivero	4100 davia Blvd.	Fort Lauderdale, FL 33317

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:

*Francisco M. Juarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRES. FRANCISCO MAUEL JUAREZ 12/09/02 (954) 5814540**

CP2E081 (8/01)