

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 4:02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J17289

1. Corporation Name

Franklin's Road Service & Equipment
Repairs, Inc.

2. Principal Office Address - No P.O. Box #

4100 SW 47th Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Zip

Country

Zip

Country

33314

Broward

7. Name and Address of Current Registered Agent

Name

Franklin Paniagua

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

4100 SW 47th Avenue

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

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

Franklin Paniagua

REGISTERED AGENT MUST SIGN

Date 04-21-10

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	Franklin Paniagua	4100 SW 47 th Ave	Davie, FL 33314

REINSTATEMENT

**M. MILLIGAN
EXAMINER**

MAY 3 2010

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Franklin Paniagua

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #