

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 31 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

DOCUMENT # 12459W

1. Corporation Name

Florida A-1 Auto Repair & Sales, Inc.

2. Principal Office Address

2280 S.W. 56<sup>TH</sup> AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2280 S.W. 56<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33023

Country

America

Zip

33023

Country

America

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 11, 2002

5. FEI Number

65-0082679

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

Raymond B. Perlman

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

2280 S.W. 56<sup>TH</sup> AVE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

*Raymond B. Perlman*

REGISTERED AGENT MUST SIGN

Date 12-29-03

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
DP	Perlman, Raymond B.	2280 S.W. 56 <sup>TH</sup> AVE	Hollywood, FL 33023

700025890787  
12/31/03--01040--008 \*\*150.00

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:

*Raymond B. Perlman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-03

Daytime Phone #

CR2E081 (10/02)

December 29, 2003

Florida A-1 Auto Repair & Sales, Inc.  
2280 S.W. 56<sup>th</sup> Ave.  
Hollywood, FL 33023

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed you will find our reinstatement application and a check for \$150.00. We are hereby requesting that the penalty for failure to file our annual report be waived. Our company's mailing address is incorrectly recorded. Our correct address is 2280 S.W. 56<sup>th</sup> Ave., not 2280 5<sup>th</sup> Ave. as you have recorded it. Please see the attached inquiry that lists the incorrect address. Unfortunately, the post office did not forward our mail to the correct address and therefore, we were unable to file our annual report.

Thank you very much for your understanding and co-operation in this matter.

Respectfully yours,

Raymond B. Perlman