

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Shirley Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K47200**

1. Corporation Name

ABCO AUTO ELECTRIC CORP.

Principal Place of Business

3061 SW 12TH ST.
MIAMI FL 33135

Mailing Address

3061 SW 12TH ST.
MIAMI FL 33135

If you wish to correct any information in any way, list through incorrect information and enter correction below

2. Previous Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1988

5. FEI Number

65-0107158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GONZALEZ, JOSE M.	711 SW 57TH AVE.	MIAMI FL
DS	GONZALEZ, JOSE A.	711 SW 57TH AVE.	MIAMI FL

8. Name and Address of Current Registered Agent

CARLIN, MARTIN L.
3000 BISCAYNE BLVD.
SUITE 402
MIAMI FL 33137

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV 17 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR26040 (5/99)



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NOVEMBER 12 - 1999

FLORIDA DEPARTMENT OF STATE
ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

WE RESPECTFULLY REQUEST AN ABATEMENT OF PENALTY FOR THE ANNUAL REPORT OF 1999. YESTERDAY WE RECEIVED THE CERTIFICATE OF DISSOLUTION OF MY CORPORATION. WE NEVER RECEIVED THE ANNUAL REPORT OF 1999 BECAUSE YOU HAVE AN INCORRECT ADDRESS.

IN THE ANNUAL REPORT OF 1998 WE CHANGED OUR PRINCIPAL ADDRESS AND MAILING ADDRESS SO WE DO NOT UNDERSTAND WHY THE CHANGE WAS NOT DONE IN YOUR RECORDS.

WE HAVE ALWAYS PAID THIS REPORT ON A TIMELY BASIS AND IF WE DID NOT PAID THIS YEAR IS BECAUSE WE NEVER GOT THE ANNUAL REPORT ON TIME DUE TO THE PROBLEM WITH THE CHANGE OF ADDRESS THE APPARENTLY WAS NEVER DONE.

PLEASE ACCEPT MY CHECK FOR \$150.00 AND IF YOU HAVE ANY QUESTIONS, I CAN EXPLAIN IN DETAILS.

RESPECTFULLY,

TERESA GONZALEZ
(305) 266-6464

NOTE:

I AM ENCLOSING MY COPY OF THE FILED 1998 ANNUAL REPORT.