

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 20 AM 9:39

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94684

1. Corporation Name
J P S AUTO CARE, INC.

2. Principal Office Address - No P O Box #
100 SOUTH EAST 4TH STREET

3. Mailing Office Address
"SAME"

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State
DELRAY BEACH, FL

City & State
"

Zip
33483

Country
PALM BEACH

Zip
"

Country
"

4. Date Incorporated or Qualified
To Do Business in Florida **06/13/1989**

5. FEI Number
65-0144763

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
JERRY SHTEIF

Street Address (P O Box Number is Not Acceptable)
8357 VIA LEONESSA

Suite, Apt. #, Etc.

City
BOCA RATON

State Zip Code
FL 33433

REINSTATEMENT

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 **11/05/2010**

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	JERRY SHTEIF	8357 VIA LEONESSA	BOCA RATON, FL 33433

REINSTATEMENT

2010

JS.

180
12/21

10. E-mail Address: **JSPAC89@GMAIL.COM**

(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:

11/05/2010 5612727110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #