H02000183632 7 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT

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

FILED
02 AUG 22 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 37841

1. Corporation Name
AUTOMOTIVE TECHNICAL SERVICES, INC.

L37841

2. Principal Office Address	3. Mailing Office Address
14160 SW 40th TERRACE	14160 SW 40th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33175 Country: U.S.A.	Zip: 33175 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12-21-89

5. FEI Number: 65-0160709

Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: RAUL HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 14160 SW 40th TERRACE

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33175

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: 8-20-2002

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RAUL HERNANDEZ	14160 SW 40th TERRACE	MIAMI FL 33175
STD	HAYDEE HERNANDEZ	14160 SW 40th TERRACE	MIAMI FL 33175

10. I certify that I am an officer or director of the restored or revived corporation 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: _____ Date: 8-20-02 Daytime Phone #: 305 3820960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL HERNANDEZ

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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(((H02000183632 7)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

AUTOMOTIVE TECHNICAL SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75