

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

CORPORATION
94-02 UBR

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

DOCUMENT # **M17253**

1. Corporation Name
TONY'S CARBUATOR Repair Shop, INC.

2. Principal Office Address
13261 NW 11th Terrace

3. Mailing Office Address
PO Box 0847

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33182 U.S.A

Zip Country
33144 U.S.A

FILED
 02 MAR 18 PM 12:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JK

1994-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida
6-25-85

5. FEI Number
65-0028277

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
ANTONIO LLAU

Street Address (P.O. Box Number is Not Acceptable)
13261 NW 11th Terrace

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33182

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
Antonio Llau

REGISTERED AGENT MUST SIGN

Date
3-15-02

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
Pres	ANTONIO LLAU	13261 NW 11 th Terrace	MIAMI-FL-33182
Sec	MARGOT, Z. LLAU	13261 NW 11 th Terrace	MIAMI-FL-33182

1016.25 - AN
 10.00 - ARARTS
 88.75 - ARSUPP
 400.00 - GRA
 8.75 - Cert.

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: **Antonio Llau** **ANTONIO LLAU**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3-15-02

Daytime Phone #
(305-6384866)

TONY'S CARBURETOR & ELECTRICAL SHOP
3335 NW 31st ST.
MIAMI, FL 33142

282

3/15/02

Florida Dept of State
Division of Corporations
Reinstatement Dept.

The reason for this letter is to ask for your consideration to waive the penalties fees in my reinstatement application.

As I explained to officer Stacy the reason that I didn't file the missing annual reports is that I moved from my old address and somehow I never gotten the reports

I thank you for your consideration on this matter.

Respectfully Yours
Curtis Lee