

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M58095

1. Corporation Name

LA CHISPA BODY SHOP, INC.

Principal Place of Business

Mailing Address

1052 EAST 43RD STREET
HIALEAH FL 33013-2541

1052 EAST 43RD STREET
HIALEAH FL 33013-2541

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal 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

08/27/1987

5. PEI Number

65-0005247

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LOPEZ, RAFAEL D.	17211 NW 47TH AVE.	MIAMI FL 33055
SD	LOPEZ, RAFAEL D.	4001 NW 102 ST 17211 N.W. 47 AVE.	MIAMI FL 33055

200004669112--5
-11/06/01--01060--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, RAFAEL
1052 EAST 43RD STREET
HIALEAH FL 33013

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

Rafael Lopez
REGISTERED AGENT MUST SIGN

Date 10/10/01

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 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:

Rafael Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

(305) 685-2277

CR2E040 (8/01)