

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DIVISION OF CORPORATIONS

01 FEB 13 PM 5:39

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # **M83531**

1. Corporation Name

MARREROS AUTO REPAIR CORP.

2. Principal Office Address

1660 WEST 41ST STREET

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33012

Country

USA

3. Mailing Office Address

1660 WEST 41ST STREET

Suite, Apt. #, etc.

City & State

HIALEAH FL

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1988

5. FEI Number

65-0045899

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

JOHNNY TSIMOGIANNIS

Street Address (P.O. Box Number is Not Acceptable)

770 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

SUITE 210

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/27/2000

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
DP	CAMILO MARRERO	5351 E 2ND AVENUE	HIALEAH, FL
D	LUIS MARRERO	5351 E 2ND AVENUE	HIALEAH, FL

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/00

Date

305-821-7377

Daytime Phone #

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 444-2445
Fax Number : (305) 444-2446

CORPORATION REINSTATEMENT

MARREROS AUTO REPAIR CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75