

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 26 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009643

1. Corporation Name

NATIONAL AUTOMOTIVE TECHNICIANS ASSOCIATION, CORP.

2. Principal Office Address

6801 West 20th Ave.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

Zip

33014

Country

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-2002

5. FEI Number

65-1208777

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

FANNY MARINO

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

14520 Stirling Rd

Suite, Apt. #, Etc.

City

S.W. Ranches, Fl.

State
FL

Zip Code
33330

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

Fanny Marino
REGISTERED AGENT MUST SIGN

Date 10/13th/04

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-D	FANNY MARINO	14520 Stirling Rd	S.W. Ranches, Fl. 33330
S-D	EDERY FERNANDO	185 East Bay Ridge Dr.	Weston Fl. 33326
T-D	NELSON MARTIN	5341 S.W. 160th Ave.	S.W. Ranches, Fl. 33331

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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)(l), 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:

Fanny Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13th/04

Date

Daytime Phone #