

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P00000016857

**1. Corporation Name**

Bosmenier Auto Repair, Inc

**2. Principal Office Address**

1144 S.W. 8th St.

Suite, Apt. #, etc.

(rear)

City & State

MIAMI - FL

Zip

33135

Country

DADE

**3. Mailing Office Address**

1144 S.W. 8th St.

Suite, Apt. #, etc.

(rear)

City & State

MIAMI - FL

Zip

33135

Country

DADE

**REINSTATEMENT** OL

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02-16-00

**5. FEI Number**

☒ 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

Miguel A. Redondo

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

1530 SW 2 Terrene

Suite, Apt. #, Etc.

Apto # 104

City

Miami

200004711772-4

-12/06/01--01051--008

\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

33135

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-30-01

**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
<u>P/D</u>	<u>Miguel A. Redondo</u>	<u>1530 SW 2st #104</u> <u>MIA-FL 33135</u>	<u>MIA-FL 33135</u>

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-01

(305) 321-2333

CR2E081 (9/00)