PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

--Sesretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000023275

1. Corporation Name

DADE MECHANICS AUTO & TRUCK REPAIR, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1430 N.E. 131ST STREET NORTH MIAMI FL 33161

SIGNATURE:

1430 N.E. 131ST STREET NORTH MIAMI FL 33161 FILE:D

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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If all the second to the secon						500024000705 11/14/0301011026 **91.25				
If above addresses are incorrect in any way, line through incorrect informatic 2. New Principal Office Address, If Applicable 3. New Mailing Office						11/14/0301011026 **91.25			<u>. 65</u>	
2. New I intelpal Onice Address, il Applicable 0. New Intel				mig Office Address, if Applicable			ness in Florida	00 100 100	<u></u>	
Suite, Apt. #, etc. Suite, Apt.				, etc.		5. FEI Number		02/28/20		
City & State City & State						5. PEI Number	OF 040000			
Only & State										
Zip		Country,	Zip		Country	J	OF STATUS DESIRED [\$8.75 Additi for a Certi	ional Fee required ificate of Status	
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip			
PSD	MARCH, PAUL			1430 N.E. 131ST STREET			NORTH MIAMI FL 33161			
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		TATEM	ENT	منشر				ı		
	المرمورين المرمورين									
	8. Nam	e and Address of Current	Registered Age	nt		9. Name and Address of New Registered Agent				
					Name	Name				
- MARSH, PAUL					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
1430 N.E. 131ST-STREET					<u></u>		io recentospianio,			
NORTH MIAMI FL 33161					Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
				<u></u>	Čity			State Zip Co	ide	
10. I, being	appointed the	e registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the ol	bligations of Secti	on 607.0505, F.S. or 61	7.0505, F.S.		
								•		
	,					•				
Signature of Registered Agent Rock Process							Date			
REGISTERED AGENT MUST SIGN										
this rein: owed by	statement app the corporati	lication, the reason for disso on have been paid and the i	olution has been names of individ	eliminated, uals listed o	execute this application as p the corporate name satisfies in this form do not qualify for legal effect as if made under	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., F.S. The inforr	, that all fees mation indicated	
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