

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 20 PM 4:56

DOCUMENT # P00000037673

1. Corporation Name

Caballo Auto Repair, Inc.

2. Principal Office Address

2482 N. Orange Blossom Trl

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34743

Country

USA

3. Mailing Office Address

2482 N. Orange Blossom Trl

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34743

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04-10-2000

5. FEI Number

59-3659920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

08/13/03 01045 010 450.00

7. Name and Address of Current Registered Agent

Name

Daniel De Jesus Mendez

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

2482 N. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

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 06-24-03

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
Pres	Daniel De Jesus Mendez	2482 N. Orange Blossom Trail	Kissimmee, Florida 34743

REINSTATEMENT 01-03-03 LTS

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]*

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-24-03

Date

407-483-0605

Daytime Phone #

CR2E081 (10/02)

June 24, 2003

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500.

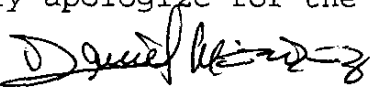
Re: Caballo Auto Repair, Inc.  
2482 N. Orange Blossom Trail  
Kissimmee, Florida 34743  
Doc. #: P00000037673  
FEIN: 59-3659920

Dear Sir/Madam:

As per our telephone conversation this letter is to explain that I did not receive my 2001 Uniform Business Report. The post office did not deliver it to me but returned it to you. I have moved to a new location, my current address is listed above.

Please accept my check in the amount of \$ 450.00 for the reinstatement fee's to bring my company up to date. I ask that you please remove the penalties that have been applied to my account.

I sincerely apologize for the misunderstanding.

Sincerely, 

Daniel De Jesus Mendez  
Caballo Auto Repair Inc.  
President