

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000038190**

1. Corporation Name

Z & A AUTO REPAIR, INC.

Principal Place of Business

2311 PEMBROKE RD
HOLLYWOOD FL 33020

Mailing Address

2311 PEMBROKE RD
HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/2000

5. FEI Number

65-1004896

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COHEN, ZION	2311 PEMBROKE RD	HOLLYWOOD FL 33020
P	ADIKA, DAVID	2311 PEMBROKE RD	HOLLYWOOD FL 33020

600021517066
07/14/03--01051--009 **300.00

8. Name and Address of Current Registered Agent

COHEN, ZION
2311 PEMBROKE RD
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

6/25/07

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/07

Daytime Phone #

CR2E040 (8/02)

**Z & A AUTO REPAIR INC.
2311 PEMBROKE ROAD
HOLLYWOOD, FLORIDA 33020**

June 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Z & A AUTO REPAIR INC. - Corporation renewal

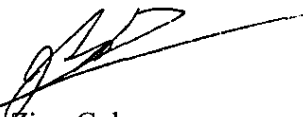
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the renewal form. The building has other tenants in the same location and I do not receive my mail. I discovered the dissolution when my motor vehicle permit was rejected because of my inactive company. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$300.00 for the years 2003 & 2002.

Thank you very much for your help and understanding.

Sincerely,



Zion Cohen