

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

03 MAY 27 PM 1:17

DOCUMENT # **P00000052774**

1. Corporation Name

**SERVICE AND REPAIR HEAVY
EQUIPMENT INC**

400020569234
06/06/03--01086--014 **1058.75

2. Principal Office Address

12120 SW 171 TERR

Suite, Apt. #, etc.

City & State

Mia. FLA

Zip

33177

Country

DADE

3. Mailing Office Address

12120 SW 171 TERR

Suite, Apt. #, etc.

City & State

MIA FLA

Zip

33177

Country

DADE

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1014819

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

TORRES MARIA T.

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

12120 SW 171 TERR.

Suite, Apt. #, Etc.

City

Mia. FLA

State

FL

Zip Code

33177

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

X Maria T. Torres

Date

REGISTERED AGENT MUST SIGN

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
PSTD	TORRES MARIA T	12120 SW 171 TERR	MIA FLA 33177

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: *X Maria T. Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/23/03

Daytime Phone #