

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000057426

1. Corporation Name

Wheel Repair Specialists, Inc.

FILED

04 MAY -6 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

1690 W. 33 Place

Suite, Apt. #, etc.

3. Mailing Office Address

1690 W. 33 Place

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

**REINSTATEMENT 03-04**  
000035713950 WOP  
05/06/04--01057--003 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

8/1/2000

5. FEI Number

65-1020779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 - Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Brian Len

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

9509 NW 38 Street

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

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
P	Brian Len	9509 NW 38 St.	Coral Springs, FL 33065

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

305 8178397

Daytime Phone #

CR2E081 (10/02)