

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116022

1. Corporation Name

T J XPRESS LUBE INC.

Principal Place of Business

8550 MENTEITH TERRACE  
MIAMI LAKES FL 33016

Mailing Address

8550 MENTEITH TERRACE  
MIAMI LAKES FL 33016



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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/2000

Suite, Apt. #, etc.

885-SW 174TH TERR

Suite, Apt. #, etc.

885-SW 174TH TERR

City & State

PEMBROKE PINES FLA.

City & State

PEMBROKE PINES FLA.

Zip

33029

Country

BROWARD

Zip

33029

Country

BROWARD

5. FEI Number

Applied For

Not Applicable

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
PD	VINAIXA, JAIME	8550 MENTEITH TERRACE	MIAMI LAKES FL 33016
PD	VINAIXA, JAIME	885-SW 174TH TERR	PEMBROKE PINES FL 33029
			300004698073--3
			11/29/01-01041-005
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

VINAIXA, JAIME  
8550 MENTEITH TERRACE  
MIAMI LAKES FL 33016

9. Name and Address of New Registered Agent

Name

VINAIXA, JAIME

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

885-SW 174TH TERR

Suite, Apt. #, Etc.

HOME

City

PEMBROKE PINES

State

FL

Zip Code

33029

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/01

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)(f), 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

JAIME VINAIXA

Date

10/16/01

Daytime Phone #

(954) 584-2523

CR2E040 (8/01)

2

FILED

01 NOV -5 PM 5: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 30, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

To Who it May Concern:

Due to a change of mailing address I never received any request for a report of any kind previously.

Our new address is 885 SW 174<sup>th</sup> Terrace, Pembroke Pines, Florida 33029.

Enclosed as requested, is a check for \$150.00 per my discussion via phone to one of your representatives.

Thank you.

TJ Xpress Lube Inc.



Jaime Vinaixa  
President