

10PZ

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 APR 25 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008962

1. Entity Name  
JOSE AUTO SERVICE INC.



Principal Place of Business  
5040 NE 2 AVE  
MIAMI, FL 33169

Mailing Address  
301 N W 183 TERR  
MIAMI, FL 33169

2. Principal Place of Business

3. Mailing Address  
5040 N.E. 2<sup>ND</sup> AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, Florida

4. FEI Number  
01-0656211

Applied For  
 Not Applicable

Zip Country

Zip Country  
33137 U.S.A

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLORZANO, JOSE E  
301 N.W. 183RD TERRACE  
MIAMI, FL 33169

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Solorzano*

(NOTE: Registered Agent signature required when reinstating)

4/13/06  
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLORZANO, JOSE E 301 N.W. 183RD TERRACE MIAMI, FL 33169	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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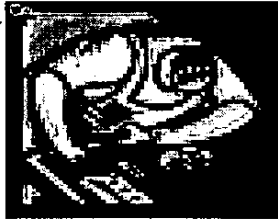
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Solorzano* 4/13/06 305-756-5324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

20f2



**JOSE AUTO SERVICE INC.**  
5040 N.E. 2<sup>nd</sup> Ave., Miami, Fl. 33137

April 13, 2006

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

To Whom It May Concern:

This letter serves as a request for the "Post Card Notice 2005" which we never received probably due to the Hurricane and I'm asking to please waive the amount of \$600.00.

I am enclosing a total of \$300.00 this is for last year and this year renewal.

Thank you, for your understanding.

Sincerely,

Jose Solorzano  
Owner  
(305) 756-5324 (Office)  
(305) 891-1583 (Fax)