

2006 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

06 APR 25 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

05-06

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
Suite, Apt. #, etc.

3. Mailing Address
5040 N.E. 2 AVE.
Suite, Apt. #, etc.

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33137

Country
U.S.A

4. FEI Number
01-0656211

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *[Signature]* DATE 4/13/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: *[Signature]* DATE 4/13/06 305-756-5324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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JOSE AUTO SERVICE INC.
5040 N.E. 2nd Ave., Miami, Fl. 33137

April 13, 2006

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

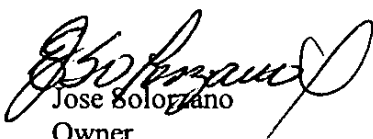
To Whom It May Concern:

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 Bolorzano
Owner

(305) 756-5324 (Office)
(305) 891-1583 (Fax)