

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 17 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000008962**

1. Corporation Name

Jose Auto Service Inc.

REINSTATEMENT 02-03

2. Principal Office Address

5040 NE 2 AVE

3. Mailing Office Address

301 NW 183 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33137

City & State

MIAMI FL 33169

Zip

33137

Country

MIAMI-DADE

Zip

33169

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-7-2001

5. FEI Number

01-0656211

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

Jose E. Solorzano

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

301 NW 183 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-05-2003

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	Jose E. Solorzano	301 NW 183 TERR MIAMI FL 33169	MIAMI FL 33169
VP	Abner D. Solorzano	301 NW 183 TERR	MIAMI FL 33169

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]

Jose Solorzano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-5-2003

Daytime Phone #

305-756-5324