

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011065

1. Corporation Name

VOLVO BODY SHOP CORP.

2. Principal Office Address

6010 NW 77 CT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

3. Mailing Office Address

7211 WEST 24 AVENUE

Suite, Apt. #, etc.

2359

City & State

HIALEAH, FLORIDA

Zip

33016

Country

DADE

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1073722

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

LAZARO SERRA

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

7211 WEST 24 AVENUE # 2359

Suite, Apt. #, Etc.

2359

City

HIALEAH

State
FL

Zip Code

33016

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 **10/24/02**

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
PSTD	LUIS TIÉL MARTINEZ	7211 WEST 24 AVENUE # 2359	HIALEAH, FLORIDA 33016
VP	LAZARO SERRA	7211 WEST 24 AVENUE#2359	HIALEAH, FLORIDA 33016

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10/28/02--01068--008 **750.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

(305)591-3666

Daytime Phone #

CR2E081 (9/01)