PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017092

1. Corporation Name

J & J AUTO CARE, INC.

REINSTATEMENT 02-04

2. Principal Office Address	3. Mailing Office Address
400 EAST 25th STREET	400 EAST 25th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FLORIDA	City & State: HIALEAH, FLORIDA
Zip: 33013 Country: USA	Zip: 33013 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/2001

5. FEI Number: 65-1078865 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA S. ESTEVEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1250 SW 27TH Avenue

Suite, Apt. #, Etc.: 506

City: Miami State: FL Zip Code: 33135

500028500195
02/10/04--01051--001 **900.00

500028500195
02/10/04--01051--002 **8.75

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: Maria S. Estevez, Esq. Date: 01/5/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D	JOEL ALMEIDA	19501 W OAKMONT DRIVE	MIAMI, FL 33015
V/D	JUAN LUIS GONZALEZ	775 EAST 31st STREET	HIALEAH, FL 33013

500028500195
02/24/04--01021--015 **141.25

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: _____ 01/05/04 305-694-7840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #