

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027387

1. Corporation Name

R & H AUTO REPAIR, INC.

2. Principal Office Address  
8701 NW 32ND AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

3. Mailing Office Address  
8701 NW 32ND AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

REINSTATEMENT 04

1/24/03 01035 004 \*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida 03/16/2001

5. FEI Number  
651086222

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  
MARIA E. PORRAS

Street Address (P.O. Box Number is Not Acceptable)  
8701 NW 32ND AVE.

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33147

000044537260  
01/11/05--01048--008 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date DECEMBER 28, 2004

**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
PD	MARIA E. PORRAS	8701 NW 32ND AVE.	MIAMI, FL 33147
VP	CARLOS PORRAS	8701 NW 32ND AVE.	MIAMI, FL 33147

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:

12-28-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (01/04)

292

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON JANUARY 2003 I SUBMITTED THE ANNUAL REPORT FORM ALONG WITH THE PAYMENT FOR THE YEAR OF 2003 AND I NEVER RECEIVED A REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING A COMPLETE ANNUAL REPORT FORM ALONG WITH THE PAYMENT OF \$ 150.00 FOR THE YEAR OF 2004 ONLY BECAUSE YOU ALREADY HAVE THE 2003 PAYMENT, IN ORDER TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU HAVE ANY FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT ME.

CORDIALLY,

  
\_\_\_\_\_  
MARIA E. PORRAS  
PRESIDENT