

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 30 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028595

1. Corporation Name

TINO BODY SHOP, INC

2. Principal Office Address

7008 SW 4 Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33144

Country

USA

3. Mailing Office Address

7008 SW 4 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

since 98

5. FEI Number

65-0874999

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

Emilio Cruz-Ledon

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

7008 SW 4 Street

Suite, Apt. #, Etc.

City Miami

State  
**FL**

Zip Code  
33144

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

REGISTERED AGENT MUST SIGN

Date 12/23/03

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	Emilio Cruz-Ledon	7008 SW 4 Street	Miami, FL 33144

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03 Date (305) 264-0242 Daytime Phone #

CR2E081 (10/02)

TR

December 23, 2003

To the Florida Department of State:

After checking some papers we discover that the Corporation TINO BODY SHOP INC is inactive do to no filing the annual report for this year. We never received any notice regarding this matter or any other form. We are requesting with this letter a fee waiver of the reinstatement fee do to no knowledge of our own after never receiving any correspondence from your office and enclosing the requered annual report fee and Corporate Supplemental fee. We hope we can solve this matter as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to be "A/B/20", is written on the page.