

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Porcel*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 30 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029431

**1. Corporation Name**

TAMAYO AUTO AND TRUCK SERVICES, INC.

**2. Principal Office Address**

9092 NW SOUTH RIVER DR

Suite, Apt. #, etc.

BAY 36

City & State

MEDLEY, FL

Zip

33166

Country

USA

**3. Mailing Office Address**

7105 SW 8 ST

Suite, Apt. #, etc.

309

City & State

MIAMI, FL

Zip

33144

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/21/2001

**5. FEI Number**

65-1091180

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

ELIDE TAMAYO

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

9092 NW SOUTH RIVER DR

Suite, Apt. #, Etc.

BAY 36

City

MEDLEY

State

FL

Zip Code

33166

300035781083  
05/07/04--01092--030 \*\*601.00

**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

*Elide Tamayo*

REGISTERED AGENT MUST SIGN

Date 04-29-04

**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	ELIDE TAMAYO	9092 NW SOUTH RIVER DR BAY 36	MEDLEY FL 33166

REINSTATEMENT 03-09

**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)(f), 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:

*Elide Tamayo*

04-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (01/04)

*Macwr*

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

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003 & 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

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CORDIALLY,

  
ELIDE TAMAYO  
PRESIDENT