

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT of OS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000032594**

1. Corporation Name
TECH MILLENNIUM AUTO REPAIRS, INC.

2. Principal Office Address 8725 NW 117TH ST		3. Mailing Office Address 8725 NW 117TH STREET	
Suite, Apt. #, etc. 13		Suite, Apt. #, etc. 13	
City & State HIALEAH GARDENS		City & State HIALEAH GARDENS	
Zip 33018	Country DADE	Zip 33018	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 651089633	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GAITAN, JUAN J

Street Address (P.O. Box Number is Not Acceptable)
1155 W 77 STREET

Suite, Apt. #, Etc.
134 D

City
HIALEAH

State
FL

Zip Code
33012

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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	GAITAN, JUAN	1155 W 77 STREET	HIALEAH, FL 33012

600049885326
04/09/05--01018--007 **300.00

[Signature]
3/11

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]* **OST**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-3-05** Daytime Phone #: **305-698-6480**

CR2E081 (01/05)

2002

March 7, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

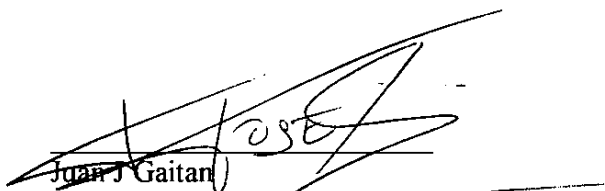
Re: 2004 Uniform Business Report
Tech Millennium Auto Repairs, Inc.
P01000032594

Dear Sirs:

Attached please find Uniform Business Report Form for the above-mentioned Corporation together with a check in the amount of \$ 300.00

We did not received the 2004 Uniform Business Report in time to file, please accept the attached check in the amount of \$300.00 fee for the Corporation and waive the penalty for being late

If further information is needed please contact me.



Juan J Gaitan
1155 West 77th Street Apt. 13
Hialeah, Florida 33012