

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032594

1. Corporation Name

TECH MILLENNIUM AUTO REPAIRS, INC.

Principal Place of Business

8725 NW 117TH ST. BAY #13
HIALEAH GARDENS FL 33018

Mailing Address

8725 NW 117TH ST. BAY #13
HIALEAH GARDENS FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GAITAN, JUAN J	(1155 W 77 ST, APT 134-D) 5217 W 22 CT. #102	(HIALEAH FL 33012) HIALEAH, FL 33016
V	MODESTO GUTIERREZ	13237 NW 4 Terrace	MIAMI, FL 33182

000013737110
03/10/03--01085--012 **150.00

8. Name and Address of Current Registered Agent

GAITAN, JUAN J
1155 W 77 ST, APT 134-D
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name: MODESTO Gutierrez
Street Address (P.O. Box Number is Not Acceptable):
13237 NW 4 Terrace
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33182

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: MARCH, 4 2003

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH, 4 2003

Date

Daytime Phone #

CR2E040 (8/02)