

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 31 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/31/00 - 01012 - 007 \*\*450.00

CR2E081 (12/05)

**DOCUMENT #01000050321**

1. Corporation Name

**JET AUTO REPAIR CENTER, INC.**

2. Principal Office Address

**4661 S STATE RD 7**

Suite, Apt. #, etc.

3. Mailing Office Address

**4661 S STATE RD 7**

Suite, Apt. #, etc.

City & State

**DAVIE, FL**

City & State

**DAVIE, FL**

Zip  
**33314**

Country  
**BROWARD**

Zip  
**33314**

Country  
**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/21/2001**

5. FEI Number

**65-1109565**

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  
**RAMI ADONI**

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

**4661 S STATE RD 7**

Suite, Apt. #, Etc.

City  
**DAVIE**

State  
**FL**

Zip Code  
**33314**

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
D	RAMI ADONI	4661 S STATE RD 7	DAVIE, FL 33314

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 contained in Chapter 119, 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

Date

Daytime Phone #

282

JET AUTO REPAIR CENTER INC.  
4661 S STATE RD 7  
DAVIE, FL 33314

OCT, 26 2006

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
REINSTATEMENT OFFICE

DOCUMENT # 01000050321

To Whom It May Concern,

We are writing this letter, because we just realized that our corporation was dissolved for non renewal of annual report for the last three years. We were never aware of this matter. All our mail has always been taken care by our bookkeeper he was suppose to give the letter to our accountant which he never did. I am sending you a check for \$ 450. so you can reinstate our business. we ask if you can kindly waive the penalty this will cause hardship to our business.

Thank you for your understanding

Sincerely



Rami Adoni