

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND  
APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 FEB 27 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
192

DOCUMENT # P01000074678

1. Corporation Name

GONZALEZ AUTO REPAIR, INC.

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address

16243 E. Harlana Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Zip

33470

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/2001

5. FEI Number

20-8500509

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

DIMITRI B. MARRERO

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

16243 E. Harlana Dr.

Suite, Apt. #, Etc.

500091013175

03/06/07 01024 023 \*\*450 00

City

Loxahatchee

State

FL

Zip Code

33470

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P      | DIMITRI B. MARRERO                   | 16243 E. Harlana Dr.                              | Loxahatchee, FL 33470 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **GONZALEZ AUTO REPAIR, INC.**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
DIMITRI R. MARRERO  
PRESIDENT