

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN 30 AM 4:49

DOCUMENT # PO1000078640

1. Corporation Name

Mech-A-Lube, Inc.

2. Principal Office Address - No P.O. Box #

4471 NW 179 ST

Suite, Apt. #, etc.

3. Mailing Office Address

4471 NW 179 ST

Suite, Apt. #, etc.

City & State

Miami Gardens Florida

Zip

33055

Country

DADE

City & State

MIAMI GARDENS Florida

Zip

33055

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

August 2000

5. FEI Number

651118280

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 DICKSON USHER

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

4471 NW 179 ST

Suite, Apt. #, Etc.

City

MIAMI GARDENS Florida

State

FL

Zip Code

33055

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

REGISTERED AGENT MUST SIGN

Date

6-26-2009

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
<u>President</u>	<u>Dickson Usher</u>	<u>4471 NW 179 ST</u>	<u>Miami Gardens Florida 33055</u>

300157968339
06/30/09--01005--021 **450.00

300157968393
06/30/09--01005--022 **8.75

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

6-26-2009

Date

Daytime Phone #

305-332-4614

KS

REINSTATEMENT 07-09