

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -4 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/09/02--01039--013
****150.00 ****150.00

DOCUMENT #

801 000710312

1. Corporation Name

SAQITTARIUS TRANSMISSION + AUTOMOTIVE
MAINTENANCE INC

2. Principal Office Address

721 NW 7th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

721 NW 7th Terrace

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33311

Country

City & State

Ft. Lauderdale FL

Zip

33311

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1152628

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

Cecile D. Shatz

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

55 WESTON ROAD

Suite, Apt. #, Etc.

Suite 402

City

Weston

State
FL

Zip Code

33326

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

Cecile D. Shatz

REGISTERED AGENT MUST SIGN

Date

9/18/02

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
Pres.	Stefania Lawrence	2800 NW 56th Ave	Lauderhill FL 33313
VP.	Papito Riquy	721 NW 7th Terrace	Ft. Lauderdale FL 33311

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:

Stefania Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02

Date

Daytime Phone #

CR2E081 (8/01)

9/10/02

**Sagittarius Transmission & Automotive
Maintenance, Inc.**

**721 NW Terrace, Ft. Lauderdale, FL 33311
Miami, FL 33131**

~~SEPTEMBER~~
August 18, 2002

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

**Re: Sagittarius Transmission & Automotive Maintenance, Inc.
Corporation Reinstatement – Document Number P1000110312**

Ladies and Gentlemen:

Please find the completed Corporation Reinstatement for Sagittarius Transmission & Automotive Maintenance, Inc. along with a check in the amount of \$150.00.

It is my understanding, due to the incorrect address and not receiving the Uniform Business Report, you will waive the penalty and reinstate the corporation for a \$150.00 filing fee.

Please let me express my appreciation in this regard.

Should you have any questions or need further assistance, please contact my Accountant at Aaron Accounting & Financial Services, Inc., 55 Weston Road, Suite 402, Weston, FL 33326 (954) 695-9150.

Sincerely,



Stepfania Lawrence,
President