

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 JAN -6 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114473

1. Corporation Name

LEMDE & W SERVICE AND REPAIR, INC.

Principal Place of Business

7250 S.W. 13TH ST.  
MIAMI FL 33144

Mailing Address

7250 S.W. 13TH ST.  
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

13878 SW 38 ST.

Suite, Apt. #, etc.

13878 SW 38 ST.

City & State

MIAMI - FL

Zip

33175

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

13878 SW 38 ST.

City & State

MIAMI - FL

Zip

33175

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2001

5. FEI Number

320018124

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PEREZ, JUAN L	6631 S.W. 13TH ST.	MIAMI FL 33144
PD	Perez, Juan L	13878 SW 38 ST	MIAMI, FL - 33175

8. Name and Address of Current Registered Agent

PEREZ, JUAN L  
6631 S.W. 26 ST  
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

Juan L. Perez

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

13878 SW 38 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

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  
Juan L. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(12-28-02) (305) 815 3733

CR2040 (8/02)