

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120451

1. Corporation Name

American Automotive
Service Equipment, Inc.

2. Principal Office Address

6310 N.W. 3ST

Suite, Apt. #, etc.

3. Mailing Office Address

6310 N.W. 3ST

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33126

Country

Dade

Zip

33126

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

December 20, 2001

5. FEI Number

02-0535496

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

Norberto E. Nunez

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

6310 N.W. 3ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

Norberto E. Nunez
REGISTERED AGENT MUST SIGN

Date

06/27/03

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
P	Norberto E. Nunez	6310 N.W. 3ST	Miami, Fla. 33126

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:

Norberto E. Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norberto Nunez

06/27/03

Date

(305) 632-4409

Daytime Phone #

From: American Automotive
Service Equipment Inc.

6/27/03

TO: Division of Corporation
Reinstatement dept.

This letter is to explain that we did not receive the previous uniformed business report.

Due to the fact that we did not receive previous notice and in agreement with our conversation with your examiners, please find enclosed a check for the agreed amount of \$308.75.

\$300.00 for ^{Total} Fees to Reinstate
8.75 - Certificate of status

Thank you in advance,

Robert Murphy Pres