

1092

2007 FOR PROFIT CORPORATION

FILED

07 JAN 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000014107
1. Entity Name
Jose Lagares Services & Repair Corp.

Principal Place of Business Mailing Address

2. Principal Place of Business 1140 Jann Ave
Suite, Apt. #, etc.
City & State Opa locka FL
Zip 33054 Country USA
3. Mailing Address 1140 Jann Ave
Suite, Apt. #, etc.
City & State Opa locka FL
Zip 33054 Country USA

REINSTATEMENT
4. FEI Number 043602837
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name Jose Lagares
Street Address (P.O. Box Number is Not Acceptable)
1140 Jann Ave
City Opa locka FL Zip Code 33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE [Signature] DATE 1/1/07
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Jose Lagares STREET ADDRESS 1140 Jann Ave CITY-ST-ZIP Opa locka FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.
SIGNATURE: [Signature] DATE 1/1/07 (305) 903-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell JAN 18 2007

2002

JOSE LAGARES SERVICE & REPAIR, CORP.
1140 JANN AVE
OPA LOCKA, FL 33054
(305) 903-8572

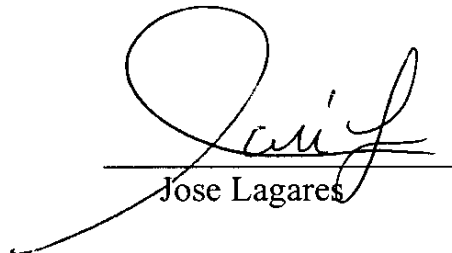
January 1, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive the postcard of my Uniform Business Report of my company Jose Lagares Service & Repair, Corp. with Document # P02000014107 due to a change in address. Along with this letter you will find a check for the amount of \$600.00 and my Uniform Business Report for the years of 2004 through 2007.

If you need further assistance please feel free to give me a call at the above number. Thank you in advance.

Sincerely,



Jose Lagares