

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 26 PH 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000022991

1. Corporation Name

AUTO STAR MOBILE REPAIR, INC.

2. Principal Office Address - No P.O. Box #  
18695 SW 103 CT

3. Mailing Office Address  
18695 SW 103 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33157

Country  
USA

Zip  
33157

Country  
USA

REINSTATEMENT 03-07

4. Date Incorporated or Qualified  
To Do Business in Florida 02/28/2002

5. FEI Number ☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Morejon, Zoila M

Street Address (P.O. Box Number is Not Acceptable)  
18695 SW 103 CT

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33157

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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: *Zoila Morejon*

Date 10/25/2007

REGISTERED AGENT MUST SIGN

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
PD	Zoila M Morejon	18695 SW 103 CT	MIAMI FL 33157

800111493768  
10/30/07--01031--006 \*\*750.00

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 112, 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:

*Zoila Morejon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2007

Date

(305) 235-6266

Daytime Phone #