

10fz

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 17 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000028736

1. Corporation Name

MUJICA & OLIVERA BODY SHOP, INC.

2. Principal Office Address

3677 NW 47 ST.

3. Mailing Office Address

3677 NW 47 ST.

Suite, Apt. #, etc.

BLDG-B

Suite, Apt. #, etc.

BLGD-B

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/15/02

5. FEI Number

01-0629645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400025552544  
12/17/03--01017--021 \*\*150.00

03

**7. Name and Address of Current Registered Agent**

Name

RAFAEL B MUJICA

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

330 W 39 PL

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date 12-09-03

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P/D    | RAFAEL B MUJICA                      | 330 W 39 PL                                       | HIALEAH, FL 33012  |
| D      | JAIME OLIVERA                        | 330 W 39 PL                                       | HIALRAH, FL 33012  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-09-03

Date

Daytime Phone #

CR2E061 (10/02)

B

20f2

December 5, 2003

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2003 Uniform Business Report (UBR)  
409 East Gaines St.  
Tallahassee, FL 32399

Reference: Filing of Uniform Business Report 2003 of MUJICA & OLIVERA BODY SHOP, INC.

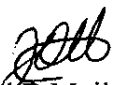
To whom it may concern

This letter is to inform you that we have non-receipt of the original/second Uniform Business Report (UBR).

We would like to request you that you forgive all extra fees and penalties other than the primary \$150.00 and accept the filing of our attached UBR, which has been prepared by our accountant.

Any questions or concern feel free to contact our accountant at 305-545-5007 and speak to Mr. Eduardo Sanchez.

Sincerely

  
Rafael B Mujica/President  
MUJICA & OLIVERA BODY SHOP, INC.  
3677 NW 47 ST. BLDG B  
MIAMI, FL 33142