PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -6 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

700023986377
10/21/03--01140--026 **150.00

DOCUMENT # P02000029055

1. Corporation Name

MAURO'S AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
3748 DOMESTIC AVE UNIT E NAPLES FL 34104	3748 DOMESTIC AVE UNIT E NAPLES FL 34104

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/15/2002

5. FEI Number: 03-0421188 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Mauricio D Cfuentes	1871 17th st sw	Naples Fl 34117

8. Name and Address of Current Registered Agent

CIFUENTES, MAURICIO D
3748 DOMESTIC AVE UNIT E
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

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 WAIVED President. Date: 10-10-03

REGISTERED AGENT MUST SIGN

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 WAIVED Mauricio de Jesus Cifuentes 10-10-03 239-4300405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-10-03

to: FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS

FROM: MAURO'S AUTO REPAIRS INC.
3784 DOMESTIC AVE UNIT E
NAPLES FL 34104

DOCUMENT # P02000029055

to: INFORM that we did not receive any report UNIFORM BUSINES notice

Mauro's Auto Repair Inc.
3784 Domestic Ave Unit E
Naples, FL 34104
Telephone (239) 430 0405 - (239) 595 1308
Mauricio Olivares