

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

DOCUMENT # P02000029055

1. Corporation Name

MAURO'S AUTO REPAIR, INC.

Principal Place of Business

3748 DOMESTIC AVE UNIT E
NAPLES FL 34104

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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 CUFENTES	1871 17th st sw	Naples FL 34117

8. Name and Address of Current Registered Agent

CUFENTES, 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

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 OF REGISTERED AGENT MUST SIGN

president

Date 10-10-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 239-4300405

CR20040 (7/03)

10-10-03

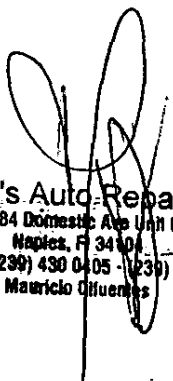
to: FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS

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

Naples FL 34104

DOCUMENT # PD2000029055

TO: INFORM THAT WE DID NOT RECEIVE
ANY REPORT UNIFORM BUSINESS NOTICE


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