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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 JUN 15 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000044437

1. Corporation Name

UTILISA TRAILER SERVICES REPAIR INC

2. Principal Office Address

50 OLIVE DR

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/23/2002

5. FEI Number

04-3650725

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

MARTINEZ, OSMAR

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

50 OLIVE DR

Suite, Apt. #, Etc.

City

HIALEAH, FL

State

FL

Zip Code

33010

300076302773  
06/16/06 01057-001 \*\*456 50

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

*[Signature]*

Date

05/10/06

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
P	MARTINEZ, OSMAR	50 OLIVE DR	HIALEAH, FL 33010
VP	RODRIGUEZ, LUIS	14465 SW 58 TERR	MIAMI, FL 33183

REINSTATEMENT

04-04  
B 6/16/06

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 119, 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

Date

Daytime Phone #

*[Signature]*

05/10/06

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June 8<sup>th</sup>, 2006

Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Attn: Mr Tyrone Scott

REF: Utilisa Trailer Service Repair Inc  
50 Oliver Dr  
Hialeah, FL 33010  
Doc# P 02 0000 444 37

To whom it may concerned,

We did not received any annual report since 2004. Please wave the late fees.  
We have enclosed a check to update the status of the corporation.

Thanking you in advance for your assistance, I remain

Sincerely Yours  
Utilisa Trailer Services Repair Inc



Osmar Martinez,  
President

cc: annual report (2<sup>nd</sup> time)