

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 19 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047022

1. Corporation Name
J.C. REPAIR SERVICE, CORP.

5303 NW 7 STREET
5000 SW 98 AVE RD

2. Principal Office Address
5303 NW 7 STREET

3. Mailing Office Address
5000 SW 98 AVE RD

Suite, Apt. #, etc.
#AA

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
USA

Zip
33165

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/29/2002

5. FEI Number
65-0866994

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
JUAN CARLOS FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
5000 SW 98 AVE RD

300040324899
08/19/04--01045--006 **300.00

Suite, Apt. #, Etc.

City
MIAMI

State
FL Zip Code
33165

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 8-16-04

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	JUAN CARLOS FERNANDEZ	5000 SW 98 AVE RD	MIAMI, FL 33165

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

Date

Daytime Phone #

8-16-04 786-236-5055

CR2E081 (01/04)

08/16/2004

Florida Department of State
Division of Corporations

RE: P02000047022

Dear Sir or Madam:

Attached is the application for re-instatement for the above referenced company.

This letter will serve as my official request to have the reinstatement fee waived on the grounds that the renewal notice was never received for the last two calendar years.

Enclosed is a check in the amount of \$300.00 for the two calendar reporting years, based on the normal \$150.00 per year report fee.

Please contact me immediately with any further questions or comments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Juan Carlos Fernandez', written over a vertical line.

Juan Carlos Fernandez
President, for the firm

5000 SW 98 Avenue Road
Miami, FL 33165
786-236-5055