

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 12 PM 3:44

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P02000055059

1. Corporation Name

S + J Auto Repair Inc

2. Principal Office Address

6225 NE 2nd Ave

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33138

Country

U.S.A

3. Mailing Office Address

6225 NE 2nd Ave

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33138

Country

U.S.A

REINSTATEMENT

1305

4. Date Incorporated or Qualified
To Do Business in Florida

5-21-02

5. FEI Number

04-3681221

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

Shiller LAROSE

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

890 NW 210th Street

Suite, Apt. #, Etc.

APT #106

City

Miami

State

FL

Zip Code

33169

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 04-06-05

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
D/P Directors	Shiller LAROSE	890 NW 210th Street #106	Miami FL 33169

800052116878
04/26/05 01030-003 **450.00

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:

Shiller LAROSE Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-05
Date

786-355-9119
Daytime Phone #

CR2E081 (01/05)

P & J Auto Repair, Inc.

6225 N.E. 2nd Ave. - Miami, Florida 33138 - Phone: 305-758-3977



2 of 2

April 6, 2006

Department of State Division of Corporation
409 E. Gainesville
Tallahassee, FL 32399


To Whom It May Concern:

Enclosed please find a check in the amount of \$450.00 for the reinstatement of my license.

I also want to inform you that I never received the annual corporate report for 2003. This is the reason why I did not renew my license sooner.

Should you need further information, please do not hesitate to contact me @ 786-355-9119

Sincerely,



Shiller Larose