

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -7 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059217

1. Corporation Name

ARTILES AUTO REPAIR, INC.

REINSTATEMENT 07

2. Principal Office Address

1732 WEST 32ND PL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33012

Country

MIAMI-DADE

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

03-0449363

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

SILVIO S. ARTILES

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

1732 WEST 32 ND PL

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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]

REGISTERED AGENT MUST SIGN

Date 10/02/2003

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
PRES	SILVIO S. ARTILES	16065 SW 137 COURT	MIAMI, FL 33177
S/T/D	MERCEDES ARTILES	16065 SW 137 COURT	MIAMI, FL 33177

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/2003 (305) 259-3820

Date

Daytime Phone #

CR2E081 (10/02)

9/10/08

**FLORIDA DEPARTMENT OF REVENUE
ANNUAL REPORT OR REINSTATEMENT
EIN: 03-0449363
Doc # P02000059217
Re: ARTILES AUTO REPAIR, INC.**

October 02, 2003

To Whom It May Concern,

I am sending this letter to explain the reason why I did not file the annual
Report of **ARTILES AUTO REPAIR, INC.** located at **1732 WEST 32ND PLACE**
HOMESTEAD, FL 33012. Because I never received the form required.

If you any question do not hesitate contact me to (305) 259-3820

Sincerely,



SILVIO S. ARTILES
President