

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000083203

1. Corporation Name

UNITED AUTO REPAIR'S, INC.

2. Principal Office Address - No P.O. Box #

3866 REID STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3866 REID STREET

Suite, Apt. #, etc.

City & State

PALATKA, FL

City & State

PALATKA, FL

Zip

32177

Country

USA

Zip

32177

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/01/2002

5. FEI Number

56-2288668

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

CARLOS F. GARCIA

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

105 WEST RIVER WAY

Suite, Apt. #, Etc.

City

PALATKA

State

FL

Zip Code

32177

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Carlos Garcia*

REGISTERED AGENT MUST SIGN

Date 03/16/2010

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	CARLOS F. GARCIA	105 WEST RIVER WAY	PALATKA, FL. 32177

REINSTATEMENT

RH

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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:

*Carlos Garcia*

CARLOS GARCIA

03/16/2010 386-329-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 22 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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