

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 17 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400103196694
05/24/07--01025--009 **450.00

DOCUMENT # *P02000087721*

1. Corporation Name

The Mechanic's House, Inc.

2. Principal Office Address

6909 NW 50 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

6909 NW 50 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/2002

5. FEI Number

20-0172882

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

Vitor B. Castilhas

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

18265 NW 32 Ave

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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 *5/10/2007*

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
<i>P.V.T.S</i>	<i>Alfredo Quintana</i>	<i>6909 NW 50 Street</i>	<i>Miami, Florida 33166</i>

K. Eckel MAY 17 2007

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/07

Daytime Phone #