

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000094842

1. Corporation Name

MARTINEZ TAMAMI AUTO REPAIR SHOP, INC

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

14228 SW 142ND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4352 SW 131ST AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

US

Zip

33175

Country

US

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEL Number

02-0640523

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
NESTOR NUNEZ

Street Address (P.O. Box Number is Not Acceptable)
14228 SW 142ND AVENUE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 09/20/2007

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
PSTD	NESTOR NUNEZ	14228 SW 142ND AVENUE	MIAMI, FL 33186
	<i>\$79/26</i>		
			300109835493 09/24/07--01048--023 **300.00

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 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

09/20/2007

Date

(305) 298-5955

Daytime Phone #

Miami, FL, September 20, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

**Ref: MARTINEZ TAMIAMI AUTO REPAIR SHOP, INC., Document
Number: P02000094842**

Dear Sirs,

This is to inform you that the referenced corporation did not file its 2006 because the Annual Report Notice sent by you was never received. Furthermore, this caused the failure to file for the years 2006 and 2007 as well. Therefore, since we want to keep this company ACTIVE and we want to be current, we are sending the payment for \$300.00 corresponding to the years 2006, and 2007 Annual Report fees along with the Reinstatement Form for this company reflecting the mailing address change to avoid these inconveniences and for you to please verify and update your records accordingly. Moreover, we respectfully request for you to please waive the reinstatement fee imposed to this company due to the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (305) 298-5955. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Sincerely,



NESTOR NUNEZ
President