

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 10 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100184198451
08/10/10--01003--022 **1050.00

CR2E081 (6/10)

DOCUMENT # P02000101454

1. Corporation Name

AREVALO PAINT AND BODY SHOP INC

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

4035 NW 17 AVE

3. Mailing Office Address

3334 SW 3RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33142

Country

US

Zip

33135

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

82-0564960

☐ 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

LUIS F. AREVALO

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

3334 SW 3RD ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

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

Date

REGISTERED AGENT MUST SIGN

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
P/D	LUIS F AREVALO	3334 SW 3RD ST	MIAMI FL 33135
S/D	PAULA T RUIZ	3334 SW 3RD ST	MIAMI FL 33135

REINSTATEMENT

08-10
JRS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #