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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128418

1. Corporation Name

A PLUS AUTO COLOR, CORP.

2. Principal Office Address

12262 SW117th COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/2002

5. FEI Number

14-1860239

Applied For

Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

ELIZABETH MENDEZ

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

1185 NW 128th PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

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

E. Schultze

REGISTERED AGENT MUST SIGN

Date

Sep. 25-06

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
PD	JUAN MENDEZ	1185 NW 128th PLACE	MIAMI, FL 33182
VSD	ELIZABETH MENDEZ	1185 NW 128th PLACE	MIAMI, FL 33182

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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

E. Schultze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep. 25-06

Date

Daytime Phone #

205/31

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January 18, 2006

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: A PLUS AUTOCOLOR, CORP.
12262 S.W. 117th Court
Miami, Florida 33186
Ref. Number: P02000128418

This letter is in response to your correspondence dated December 11, 2006 (copy of letter attached). As you requested, this is the missing waiver of letter. I apologize for the failure to notice that payment had not been made. However, our offices were greatly affected by the Hurricanes and were relocated and we did not receive any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred. I am inclosing the payment of \$450.00 requested and an additional payment of \$150.00 covering fees for the year 2007.

Should you require additional information or have any questions, please call our office.

Thank you for your prompt attention to this matter.



Elizabeth Mendez
Vice President
(305) 253-5663