

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 22 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128418

1. Corporation Name

A PLUS AUTO COLOR CORP

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

12262 SW 117 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida 12/05/2002**

**5. FEI Number
14-1860239**

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

ELIZABETH MENDEZ

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

1185 NW 128 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33182

☒ 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

Date **11/11/2008**

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
PD	JUAN MENDEZ	1185 NW 128TH PLACE	MIAMI, FL 33182
VS	ELIZABETH MENDEZ	1185 NW 128TH PLACE	MIAMI, FL 33182

100133203751
12/22/08--00051--006 **\$58.75

REINSTATEMENT

07-08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11/11/2008

Date

305-253-5663

Daytime Phone #