

PJ 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC 12 PM 12:15
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000050677

1. Corporation Name

D & J AUTO BODY SHOP INC.

2. Principal Office Address

11402 NW 41 STREET

Suite, Apt. #, etc.

211

City & State

MIAMI FLORIDA

Zip

33178

Country

US

3. Mailing Office Address

11402 NW 41 STREET

Suite, Apt. #, etc.

211

City & State

MIAMI FLORIDA

Zip

33178

Country

US

REINSTATEMENT

05

T. Roberts DEC 12 2005

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/08/2003

5. FEI Number

27-0057594

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

FRANCO, HERNAN

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

2443 NW 77TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33147

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

12/05/05

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	FRANCO, HERNAN	2443 NW 77TH TERRACE	MIAMI FL 33147
V	CANELAS, JULIO	2443 NW 77TH TERRACE	MIAMI FL 33147

200062098762
12/12/05--01041--015 **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 under section 119.07(3)(i), 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

Date

12/05/05

Daytime Phone #

11 292

MIAMI 12/05/2005

**TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**SUBJECT:..REINSTATEMENT FORM
ANNUAL REPORT /2004.-2005
D&J AUTO BODY SHOP INC
P03000050677**

DEAR SIR

AS PER COVERATION WITH YOUR DEPARTMENT ENCLOSED FIND
MY REINSTATEMENT FORM, AS DISCUSSED, FOR THE YEAR, 2004
AND 2005 APPLICABLE FEES OF \$ 300.00, DUE THAT I NEVER
RECEIVED THE ANNUAL REPORTS 2004 AND 2005 MY COMPANY
WAS DISOLVED WITHOUT PRIOR NOTICE. DUE YOU HAD THE
WRONG ADDRESS, PLEASE RE-INSTATE MY COMPANY ASAP.

SINCERELY YOURS TRULY



HERNAN FRANCO PRESIDENT