

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC3000098687

1. Corporation Name

Jupiter Body Shop.

REINSTATEMENT 04-95

2. Principal Office Address

701 NW 12st

Suite, Apt. #, etc.

NONE

City & State

Miami FL.

Zip

33136

Country

Miami-Dade

3. Mailing Office Address

701 NW 12st

Suite, Apt. #, etc.

NONE

City & State

Miami FL.

Zip

33136

Country

Miami-Dade

T. Roberts OCT 04 2005
8/25/05 01053 002 300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-04.

5. FEI Number

20-0292215.

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

Delmy Sabillon

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

701 NW 12st

Suite, Apt. #, Etc.

NONE

City

Miami

State

FL

Zip Code

33136.

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 9-5-05.

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
Presi- dent.	<u>Delmy Sabillon</u>	<u>701 N.W. 12st</u>	<u>Miami FL. 33136.</u>
Presi- dent.	<u>Delmy Sabillon</u>	<u>701 N.W. 12st</u>	<u>Miami FL. 33136.</u>
Presi- dent.	<u>Delmy Sabillon</u>	<u>701 N.W. 12st</u>	<u>Miami FL. 33136.</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-05 786-399-2629

Date

Daytime Phone #

CR2E081 (01/05)

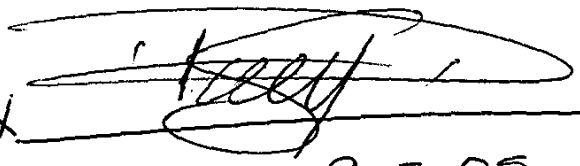
Page 2 of 2



Jupiter Body Shop, Inc.
701 N.W. 12th Street Miami FL. 33136
Ph: (305) 548-1233 • Fax: (305) 545-9458
MVR # 23107464 • MV# 50745

I, Delmy Sabillon as president
of Jupiter Body Shop. The reason
of my letter is to said that I
never received the annual report
for 2004, to reinstate my
corporation. Please waive all the
fees, so that I can continue
with my corporation. Thank You.

Sincerely Yours

X 
9-5-05.