

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P0300004909**

1. Corporation Name **P & R Auto Services, Inc.**

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

917 N. Lombar Rd

Suite, Apt. #, etc.

3. Mailing Office Address

917 N Lombar Rd

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33801

Country

USA

7. Name and Address of Current Registered Agent

Name

George Pappachen

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

6535 Walkers Glen Dr

Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33813

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
▷	Pappachen, George	6535 Walkers Glen Dr	Lakeland, FL 33813
▷	Pappachen, Rosel	6535 Walkers Glen Dr	Lakeland, FL 33813
	(By) R		510095001445 04/06/07-01043-016 **450.00

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 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 TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/10/07

Date

Daytime Phone #

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/03

5. FEI Number

33-1070689

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

March 26, 2007

P & R Auto Brokers, Inc.
George Pappachen
917 North Combee Road
Lakeland, FL 33801

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporate Name
P & R Auto Brokers, Inc.
#P03000099099

Enclosed please find copy of your letter dated March 20, 2007, our check payable to the Department of State in the amount of \$450.00 and the computer printout with the corrections made. Because of confusion and the moving of the business we have not received notices to file for the past three years.

We respectfully ask that you waive the reinstatement fees included and make our status that of an active company in the State of Florida. The address shown above is where the company receives all its mail...

We shall abide by your decision. Thank you for your prompt and careful attention in this matter. Any further questions we can be reached at 863-668-0444.

Respectfully,

George Pappachen
President

