

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000099099

1. Corporation Name P & R Auto Centers, Inc.

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

917 N. Lombard Rd

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

3. Mailing Office Address

917 N Lombard Rd

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

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

7. Name and Address of Current Registered Agent

Name GEORGE PAPPACHEN

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

6535 WALKERS GLEN DRIVE

Suite, Apt. #, etc.

City

Lakeland,

State

FL

Zip Code

33813

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
<u>D</u>	<u>Pappachen, George</u>	<u>6535 Walkers Glen Dr</u>	<u>Lakeland, FL 33813</u>
<u>D</u>	<u>Pappachen, Ravel</u>	<u>6535 Walkers Glen Dr</u>	<u>Lakeland, FL 33813</u>
	<u>[Signature]</u>		

500096001445
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] GEORGE PAPPACHEN
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/10/07

Daytime Phone #

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 wave 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