

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000125884**

1. Corporation Name

**C & E Auto Repair, Inc.**

2. Principal Office Address

**3157 Graceland Ct.**

Suite, Apt. #, etc.

3. Mailing Office Address

**2594 Boggy Creek Rd**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

Zip

**32812**

Country

City & State

**Kissimmee, FL**

Zip

**34743**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/30/03**

5. FEI Number

**56-2412501**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**05-04-04 90170 021 8150.00**

**REINSTATEMENT 04**

**7. Name and Address of Current Registered Agent**

Name

**Carlos Rodriguez**

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

**3157 Graceland Ct.**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32812**

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
PD	Carlos Rodriguez	3157 Graceland Ct.	Orlando, FL 32812
STD	Juan Hernandez	5917 Appalossa Way	Orlando, FL 32822

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

**(407) 348-4159 12/7/04**

Date

Daytime Phone #

December 7, 2004

Department of State  
Division of Corporations  
409 East Gaines ST.  
Tallahassee, FL 32399

Dear Sirs:

Through this letter I submit the form "**Corporation Reinstatement**" for C & E Auto Repair, Inc., **Document No. P03000125884 filed on 10-30-03**. According with telephone conversation on December 7, 2004 with one of the specialist of the corporation department, the annual report form for the year 2004 was return to me for incomplete signature of the registered agent. The form was send to the incorrect address for this reason I never received the form for signature. The correct address is 2594 Boggy Creek Rd., Kissimmee, FL 34744. I would like to ask a waiver on the penalty for the corporation reinstatement due to the fact that the form and the payment were received on time by the department.

Please consider this circumstantial reason as an excuse for my request. Enclosed the Corporation Reinstatement. Thank for you attention to this important matter.

Sincerely Yours



Carlos Rodriguez  
Corporation Officer  
C & E Auto Repair, Inc.