

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF
DIVISION OF CORPORATIONS

10 MAR 30 AM 9:51

DOCUMENT # P040000035422

1. Corporation Name

DISCOUNT AUTO REPAIRS, INC.

000173686300
04/05/10--01005--004 **158.75

000173686300
03/30/10--01028--005 **300.00

REINSTATEMENT 08-10
CR2E081 (11/09)

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

6400 Taft St

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Fl.

City & State

Zip

33024

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2004

5. FEI Number

200783204

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

Donna L. Anderson

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

2148 NW 126th Ave

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

☒ 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

Donna L. Anderson
REGISTERED AGENT MUST SIGN

Date **3/26/2010**

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
P	Herman S. Anderson	2148 NW 126th Ave.	Pembroke Pines, Fl 33028
V	Donna L. Anderson	2148 NW 126th Ave.	Pembroke Pines, Fl 33028
T	Suzette R. Anderson	2148 NW 126th Ave.	Pembroke Pines, Fl 33028

REINSTATEMENT 04/05/10 B

10. E-mail Address: dande17@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Donna L. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2010

Date

954 322-7779

Daytime Phone #