

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 21 AM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000043446**

1. Corporation Name

**Alberto's Auto Repair Inc.**

000159806910  
08/21/09--01032--007 \*\*450.00

**20900035919**  
CR2E081 (12/08)

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

**6345 82nd Ave**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pinellas Park, Florida**

City & State

**FL**

Zip

Country

**33781**

**USA**

Zip

Country

**FL**

4. Date Incorporated or Qualified To Do Business in Florida

**3-8-04**

5. FEI Number

**270046321**

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.

7. Name and Address of Current Registered Agent

Name

**Alberto Santos**

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

**6345 82nd Ave**

Suite, Apt. #, Etc.

City

**Pinellas Park, FL**

State

Zip Code

**FL**

**33781**

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 **8/10/09**

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
P	Alberto Santos	7930 26th Ave N.	St. Pete, FL 33710
VP	Mariangeli Santos	7930 26th Ave N	St. Pete, FL 33710

**REINSTATEMENT RH**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/10/08** 727-545-2128  
Daytime Phone #