

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1972

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 MAR 31 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RSC

**DOCUMENT #**

P04000121437

1. Corporation Name

A.D. REPAIR & SERVICES, INC.

**REINSTATEMENT**

05-06 RSC

CR2E081 (12/05)

2. Principal Office Address

11935 SW 182nd Terr

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33177

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/04

5. FEI Number

41-2149661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req  
for a Certificate of Stat

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

Name

ARIEL DOMINGUEZ

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

11935 SW 182 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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
	ARIEL DOMINGUEZ	11935 SW 182 Terr	MIAMI, FL 33177

800069974668  
04/10/06-01087-018 \*\*300.00

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 indicate 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

3/23/06

Date

(786) 258-2558

Daytime Phone #

292

March 23, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314-6198

Re: Annual Report Payment  
A.D. REPAIR & SERVICES, INC.  
11935 SW 182<sup>ND</sup> TERR  
Miami, Florida 33177  
Tax ID# 41-2149661  
Document # P04000121437

This letter serves as a formal request to reactivate the above referenced corporation. I am enclosing a payment in the amount of \$300.00 which represents the annual fee for the year 2005 and 2006 and a Corporation reinstatement form. I apologize for the failure to notice that payment had not been made. However, our offices relocated and we did not receive any correspondence regarding this matter. Therefore, I would like to request your office to waive any penalties incurred.

Should you require additional information or have any questions, please contact our office.

Thank you for your prompt attention to this matter.

  
Ariel Dominguez  
President