

2006 FOR PROFIT CORPORATION REINSTATEMENT

10f2

DOCUMENT # P04000123138

1. Entity Name
CHOP SHOP PARTS & SALES VII, INC.



FILED

06 JAN -9 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7829 NW 40TH STREET
DAVIE, FL 33024

Mailing Address
7829 NW 40TH STREET
DAVIE, FL 33024

2. Principal Place of Business
4701 S.W. 45 Street

3. Mailing Address
Same as above

Suite, Apt. #, etc.
Bldg. 9 Bay - 34

Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

Zip
33314

Country
US

Zip

Country

4. FEI Number
32-0125981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOTZKER/SHAMY, PL
2724 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33069

Name
Anthony Ramos

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

7829 NW 40 Street

City
Davie

FL

Zip Code
33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/2006

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D,P
RAMOS, ANTHONY
STREET ADDRESS
7829 NW 40TH STREET
CITY-ST-ZIP
DAVIE, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600064012066
01/19/06--01005--004 ***300.00

TITLE
NAME
D,VP
BUCHHOLZ, STEVEN
STREET ADDRESS
7817 NW 40TH STREET
CITY-ST-ZIP
DAVIE, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
D,T
DONNELL, GARLENE
STREET ADDRESS
7817 NW 40TH STREET
CITY-ST-ZIP
DAVIE, FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
D,S
PORTIELES, GRISEL
STREET ADDRESS
7829 NW 40TH STREET
CITY-ST-ZIP
DAVIE, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grissel Portieles* 1/4/2006 (954) 583-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

01/10/2006

20f2

**Chop Shop Parts & Sales
VII, Inc.**

7829 NW 40 Street
Davie, Florida 33024

January 4, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document #P04000123138
Re: Request for Waiver of Reinstatement Fee

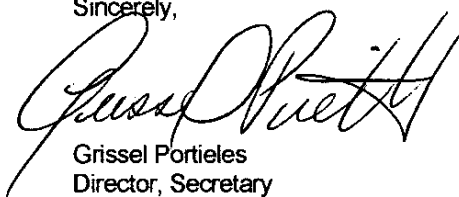
Dear Sir or Madam:

We respectfully request a waiver of the \$600 reinstatement fee. We are located in one of the hardest hit areas by hurricanes Katrina and Wilma here in South Florida and were significantly impacted by the storms.

Enclosed you will find a check in the amount of \$300 which include the regular filing fee of \$150 plus an additional \$150 required after January 1st.

Thanking you in advance for your consideration.

Sincerely,



Grissel Portieles
Director, Secretary