

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 SEP 28 AM 11:11

DOCUMENT # P04000140764

1. Corporation Name

ALTAS CUMBRES REPAIRS INC

2. Principal Office Address

511 BANKS ROAD

3. Mailing Office Address

511 BANKS ROAD

Suite, Apt. #, etc.

APT.2

Suite, Apt. #, etc.

APT.2

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

US

Zip

33063

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

LOPEZ, DAVID M.

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

511 BANKS ROAD

Suite, Apt. #, Etc.

APT.2

City

MARGATE

State

FL

Zip Code

33063

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

David Lopez

Date

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	LOPEZ, DAVID M	511 BANKS ROAD APT.2	MARGATE FL 33063
VP	SANTIAGO, LUIS	5040 NE 6 AVE	POMPANO BEACH FL 33064

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:

DAVID LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/06

Daytime Phone #

NATP MEMBER

**MFR & Associates**

AICPA MEMBER

Accountants & Consultants

220 71<sup>st</sup> Street Suite 209

Miami Beach, FL 33141

Off (305) 864-7706

Fax (305) 864-7960

September 25, 2006

FL Dept. of State  
FL Div. of Corp.

Ref: Altas Cumbres Repairs Inc  
Doc.# P04000140764

Dear Sir or Madam:

I am writing to you on behalf of ALTAS CUMBRES REPAIRS INC to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2005 & 2006, we obtained from the internet and a check for \$ 300.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help and understanding to this matter.

Sincerely,

  
\_\_\_\_\_  
Manuel E. Fernandez