

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 11 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000153806

1. Corporation Name

NAM AUTOMOTIVE REPAIR, INC.

2. Principal Office Address

553 Mission Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32808

Country

US

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/2004

5. FEI Number

20-1871116

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

Nelson F. Angeles

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

1848 Torrey Dr.

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32818

400082446714

12/11/06--01065--005 **300.00

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

Nelson F. Angeles

REGISTERED AGENT MUST SIGN

Date 11/30/06

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
Pres.	Nelson F. Angeles	1848 Torrey Dr.	Orlando, FL 32808
VP	Mercedes Angeles	" "	" "

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:

Nelson F. Angeles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/06

Date

407-291-4247

Daytime Phone #

282

NAM Automotive Repairs, Inc.
553 Mission Road
Orlando, FL 32808
407-291-4247

November 30, 2006

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

Ref. Document # P04000153806
Request to Reinstate the Above Corporate

Dear Sirs:

Surprisingly and regretfully I discovered the Administratively Dissolution of my corporation. I have started the process with the bank to refinance a property and received the notice from the bank that the corporation was Administrative Dissolved for failure to pay the Uniform Business Report. We certify that we have not received the first or second notice from your office. Being the first corporation we were not aware of the process, however, we recognized that it was our responsibility to comply, however, we did not pay the annual report for the years 2005 and 2006. I understood that the fees were paid once we incorporated.

According to your instructions, and in lieu of the previous report, we are sending the report with the check in the amount of \$300.00 to cover the fees for the years 2005 and 2006 for the filing of our reports. Apparently your mail was lost, returned or delivered to a wrong address, therefore, we respectfully request your consideration and prompt attention to accept the filing of our report and waive the penalty for reinstatement.

I respectfully request the consideration of filing our UBR since it was not an intentional act or oversight from our part. We apologize for any inconvenience and we appreciate your acceptance.

Thank you for your cooperation.

Cordially,

Nelson F. Angeles

Nelson Francisco Angeles, President and Resident Agent