

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P04000162273**

1. Corporation Name

SANDER REPAIRS, INC.

500089572145

02/27/07--01012--018 **450.00

CR2E081 (12/05)

2. Principal Office Address

12990 Portsaid Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FL

City & State

Zip

33054

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-01-04

5. FEI Number

☒ 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

MIRTHA B. DE LOS REYES

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

12990 Portsaid Rd.

Suite, Apt. #, Etc.

City

OPA-LOCKA

State

FL

Zip Code

33054

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

Cafels Reyes

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	MIRTHA B. DE LOS REYES	12990 Portsaid RD.	Opa-Locka FL 33054

REINSTATEMENT-0507

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:

Cafels Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

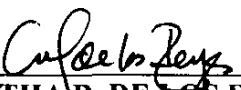
Daytime Phone #

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

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **SANDER REPAIRS, INC.**

Thank you for your courtesy in this matter.


MIRTHA B. DE LOS REYES
PRESIDENT