

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -8 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P05000001217

1. Corporation Name

Alfredo's Trailer Repair Corp.

100104208661
06/11/07--01002--006 **335.00

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 127 W ARCH DR		3. Mailing Office Address 127 W ARCH DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE WORTH		City & State LAKE WORTH	
Zip FL	Country 33467	Zip FL	Country 33467

4. Date Incorporated or Qualified To Do Business in Florida 01/04/05	
5. FEI Number 20-2106830	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ALFREDO ADAY		
Street Address (P.O. Box Number is Not Acceptable) 127 W ARCH DR		
Suite, Apt. #, Etc.		
City LAKE WORTH	State FL	Zip Code 33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Alfredo Aday*
REGISTERED AGENT MUST SIGN

Date 04/15/07

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	Alfredo Aday	127 W ARCH DR.	LAKE WORTH FL 33467

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application and that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied the requirements of section 607.0401 or 617.0401, F.S., that all fees and taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for 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 in person.

SIGNATURE: *Alfredo Aday*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

provided for in chapter 607 or 617, F.S. I further certify that when filing this application, the requirements of section 607.0401 or 617.0401, F.S., that all fees and taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for 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 in person.

Date 04/15/07
Daytime Phone #