

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000004384

1. Entity Name
MARG SERVICE REPAIR, INC.



FILED

06 OCT 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3109 NORTHWEST 21 COURT UNIT #3
MIAMI, FL 33142

Mailing Address
3109 NORTHWEST 21 COURT UNIT #3
MIAMI, FL 33142

2. Principal Place of Business
1700 NW 18 AVE
Suite, Apt. #, etc.

3. Mailing Address
1700 NW 18 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33125

Country
DADE

Zip
33125

Country
DADE

09222006 REIN-P CR2E098 (11/05)

4. FEI Number
20-2135988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
MARIO R GARCIA

Street Address (P.O. Box Number is Not Acceptable)
1700 NW 18 AVE

City
MIAMI

FL

Zip Code
33125

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 PRESIDENT 09/27/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
GARCIA, MARIO
3109 NORTHWEST 21 COURT UNIT #3
MIAMI, FL 33142

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

REINSTATEMENT 06

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

09/10/25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
MARIO R GARCIA
1700 NW 18 AVE
MIAMI FL 33125 (DPST.)

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000080219330
09/27/06--01037--016 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: 09-22-06 (786) 303-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #