

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 CORPORATIONS

08 APR 22 PM 2:36

DOCUMENT # P05000010418

1. Corporation Name

SIMPLE AUTO REPAIRS INC

2. Principal Office Address - No P.O. Box #

4701 SW 45 STREET

Suite, Apt. #, etc.

BLDG 6 BAY 9&11

City & State

DAVIE FL

Zip

33314

Country

BROWARD

3. Mailing Office Address

314 NE 27TH STREET

Suite, Apt. #, etc.

City & State

WILTON MANORS FL

Zip

33334

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-2188231

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

APRIL PEACH CONDRON

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

314 NE 27TH STREET

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33334

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

April Peach Condrón
REGISTERED AGENT MUST SIGN

Date 4/18/2008

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	TALES SIMEON	4701 SW 45 ST BLDG 6 BAY 9	DAVIE FL 33314

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:

Tales Simeon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2008

Date

Daytime Phone #