

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO5000028401

1. Corporation Name

C & M Auto Service, Inc.

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

4383 North Tamiami Trail

Suite, Apt. #, etc.

City & State
Naples

Zip
34103

Country
Collier

3. Mailing Office Address

9420 Medical Fountain Court

Suite, Apt. #, etc.

101

City & State

Zip
34135

Country
Lee

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02152005

5. FEI Number

20-1858043

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
Aurel Z. Kollcinaku Z

Street Address (P.O. Box Number is Not Acceptable)
4383 North Tamiami Trail

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34103

☒ 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

REGISTERED AGENT MUST SIGN

Date **04/28/07**

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	Besnik K Kollcinaku	43836 North Tamiami Tr	Naples, FL 34103
VP	Aurel Z. Kollcinaku	43836 North Tamiami Tr	Naples, FL 34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/07

Date

239 992-6060

Daytime Phone #

205/7