

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 JUN 15 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **POS000067116**

1. Corporation Name

SUR AUTO REPAIR, INC.

W1-25533

400181341694
06/03/10--01018--006 **150.00

400181341694

05/25/10--01032--001 **150.00

REINSTATEMENT 08-10

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

1015 LOXAHATCHEE DR

3. Mailing Office Address

1015 LOXAHATCHEE DR.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

W. P. B. FL

City & State

W. P. B. FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/05

5. FEI Number

20-2828482

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

JORGE D. SZWEC

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

1015 LOXAHATCHEE DR.

Suite, Apt. #, Etc.

Suite 1

City

West Palm Beach

State

FL

Zip Code

33409

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

7/11/08 90018 032 \$150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

05/19/2010

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	SZWEC, Jorge D	3601 S. Olive Apt. B	W. P. B. FL 33405

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/19/2010

Daytime Phone #

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