

# 2006 FOR PROFIT CORPORATION REINSTATEMENT


# FILED

2006 DEC - 8 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/20/06 90018 045 150.00



<b>DOCUMENT # P05000076251</b>					
1. Entity Name: M.G.M. REPAIR SERVICES, INC.					
Principal Place of Business 820 SW 19TH AVE #10 HOLLYWOOD, FL 33020			Mailing Address 820 SW 19TH AVE #10 HOLLYWOOD, FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0623557	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOREIRA, MAURICIO 820 SW 19TH AVE #10 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOREIRA, MAURICIO G		NAME		
STREET ADDRESS	820 SW 19TH AVE #10		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 11/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

12/8 @

**A & M ACCOUNTING & PROFESSIONAL SERVICES, INC.**  
**Member of National Society of Accountants- Certified Tax Professional**  
**NOTARY PUBLIC**  
1695 N.E. 123rd. ST. N. Miami, Fl. 33181 -E-MAIL-ajmr@bellsouth.net  
TE# (305) 893-2670 - FAX# (305) 893-7231

**December 08, 2006**

**Florida Dept. of State  
Division of Corporation**

**Att: Mr. Andy Dunlap**

**Ref: M.G.M. Repair Services, Inc.  
Doc. # P05000076251.**

**Dear Sir:**

**Per our telephone conversation I am faxing to you the only letter we have received.  
We have never received another letter.  
I will greatly appreciate it if you waive the penalties to reinstate the Corporation.**

**Thank you, very much.**

-----  
**Amelia Javier, P.A.**

Dec 08 06 11:50a

R&M Accounting Services I 3058937231

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**A&M ACCOUNTING & PROFESSIONAL SERVICES**  
Professional Accounting Services & Income Tax  
Member of National Society of Accounting & Certified Tax Professional  
**NOTARY PUBLIC**  
1695 NE. 123rd. ST. N. Miami, FL 33181. TEL# (305)893-2670. FAX# (305)893-7231  
E-Mail: ajmg1@Bellsouth.Net

October 20, 2006

Florida Dept. of State  
Division of Corporation

Dear Sir:

Ref: M.G.M. Repair Services, Inc.  
Doc.# P05000076251

My client has given us a notice of Dissolution of his Co sent to him by the Dept. Of State. This is a mistake. I have attached a copy of the 3/21/2006 canceled check made to Div. of Corp. that was sent from Wachovia Bank.  
Please reinstate M.G.M. Repair Services, Inc as soon as possible.

Thank you, very much.

RECEIVED  
OCT 30 10 08 AM '06  
Amelia Javier, P.A.

Dec 08 06 11:50a

A&M Accounting Services I 3058937231

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2006

A&M ACCOUNTING & PROFESSIONAL SERVICES, INC.  
ATTN: AMELIA JAVIER  
1695 NE 123RD ST. N.  
MIAMI, FL 33181

SUBJECT: M.G.M. REPAIR SERVICES, INC. - *ID# 05-0623557*  
Ref. Number: P05000076251 *MISSING IN ANNUAL REPORT*

Thank you for your correspondence of October 20, 2006, which has been forwarded to me for response.

Our records indicate that the annual report and check were received in March, but the report could not be filed and was returned for corrections on March 21st, 2006. Please see the attached copies from our records.

If our correspondence was not received, you may resubmit a letter along with the corrected report stating this fact.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 506A00064907