

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 FEB -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800087713568
02/08/07--01024--015 **300.00

REINSTATEMENT 0607

DOCUMENT # 05000108162

1. Corporation Name

PAPI'S AUTO RECYCLING INC
2662 A OVERLAND RD
APOPKA, FL 32703

2. Principal Office Address

2662 A OVERLAND RD

3. Mailing Office Address

2662 A OVERLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA

City & State

APOPKA

Zip

32703

Country

USA

Zip

32703

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUGUST 03, 2005

5. FEI Number

59-3331466

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

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC

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

2471 E SEMORAN BLVD

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

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

2/1/07

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
PTS	JOSE NUNEZ	2215 ORCHARD DRIVE	APOPKA, FL 32712

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 under section 119.07(3)(i), 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

2/1/07

Date

(407) 677-1194

Daytime Phone #

2/6/07

CR2E081 (01/05)

212

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.

**2471 E Semoran Blvd
Apopka, FL 32703**

Phone (407) 677-1194

Fax (407) 774-5838

Jan 31, 2007

**Ref: PAPI'S AUTO RECYCLING INC
2662 A OVERLAND RD
APOPKA, FL 32703**

**Period 2006-2007
TAXPAYER # 59-3331466**

INTERNAL REVENUE SERVICE

To whom it may concern:

Please be advised that my client, Papi's Auto Recycling Inc. Federal Id # 59-3331466 is a new S. Corporation. For some reason when my client applied in August 3, 2005 he was thinking that he need to make the renewal on 2007, also he is being very sick. Since this was his first year, I am requesting that you please wave any charges or penalty and approve the renewal for 2006 and 2007.

I am sending you the \$ 150.00 for 2006 and \$150.00 for 2007. Your immediate attention in this matter is a must.

If you have question please do not hesitate to call.

Sincerely,


**Daniel Alvarez
President**


**JOSE NUNEZ
PAPI'S AUTO RECYCLING INC**