

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DEC 15 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700188383377  
12/05/10--01015--020 \*\*935.00

CR2E081 (6/10)

DOCUMENT # P06000066585

1. Corporation Name

ALL SERVICES & REPAIRS, INC.

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

6780 SW 12 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

6780 SW 12 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33023

Country

US

City & State

PEMBROKE PINES, FL

Zip

33023

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 05/10/2006

5. FEI Number

20-4893581

☐ 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

JAVIER GOMEZ

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

6780 SW 12 STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33023

Dr.  
12-17-10

Reinst. 2009-2010

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

Date 12/02/2010

REGISTERED AGENT MUST SIGN

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	JAVIER GOMEZ	6780 SW 12 STREET	PEMBROKE PINES, FL 33023

10. E-mail Address: ALLSERVICESREPAIRS@YAHOO.COM

(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:

12/02/2010 786-473-5492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #