02/05/2010 11:43 FAX

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**☑** 0001/0002

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.

Account Number : 120070000146 Phone : (305)406-3800 Fax Number : (305)406-3999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

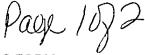
## CORPORATION REINSTATEMENT A+ BODY SHOP, CORP.

| )-thanks! |
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| <u>)</u>  |

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Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |   | -  |  |
|--|---|--|--|
| CORPORATION REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED  |  |
| DOCUMENT # P06000148856  1. Corporation Name   |   | 10 FEB -5 AM IO: 58  |  |
| A+ BODY SHOP CORP  |   | SECRETARY OF STATE TALLAHASSEE, FLOREN   |  |
| Principal Office Address - No P.O. Box #   |   | REINSTATEMENT 08-10  |  |
| 3724 NW 50 <sup>th</sup> ST<br>Suite, Apt. #. etc.   | 3. Melting Office Address 3724 NW SO+4 ST Suite, Apt. #, etc.           | CR2E081 (11/09)  |  |
| City & State   | City & State  | 4. Date Incorporated or Qualified To Do Business In Florida 11 /30/2006  |  |
| Hialeah, FL  | Hialean, FL   | 5. FEI Number Applied For 383747354 Not Applied For  CERTIFICATE OF STATUS DESIRED S8.75. Additional Foo required  |  |
| 33142 US   | 33142 US  | for a Certificate of Status  |  |
| 7. Name and Address of Current Registered Agent  Name  (IVISE LEON  Street Address (P.O. Box Number is Not Acceptable)  11224 S.W. 33 Circle Pl  Suite, Apt. #, Elc.   |   | 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. |  |
| City Miami   | FL 33142  |  |  |
| 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 2/5/2010  |   |  |  |
| 9. Names and Street Addresses of Each Officer and  | for Director (Florida nonprofit corporations must list at lea           | at 3 directors)  |  |
| Titles Name of Officers and/or Directors   | Street Address of Each<br>Officer and/or Director                       | City / State / Zlp   |  |
| PD Grisel Leon   | 11224 SW 33 Ci  | - PL Miami, FL 33165   |  |
|  |   |  |  |
|  |   | DC 215   |  |
| 10. E-mail Address:  (To be used for future ennual report polification).   |   |  |  |
| 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application approvided for in chapter 607 or 617, F.S. I further certify that when filling 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 certify.  SIGNATURE:  Output  Outp |   |  |  |