

Division of Corporations

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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.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$450

-thanks!

Electronic Filing Menu


Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000148856 1. Corporation Name A+ BODY SHOP CORP			
2. Principal Office Address - No P.O. Box # 3724 NW 50th ST Suite, Apt. #, etc.		3. Mailing Office Address 3724 NW 50th ST Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33142	Country US	Zip 33142	Country US
7. Name and Address of Current Registered Agent Name Grisel Leon Street Address (P.O. Box Number is Not Acceptable) 11224 SW 33 Circle PL Suite, Apt. #, Etc. City Miami			
4. Date Incorporated or Qualified To Do Business in Florida 11/30/2006			
5. FEI Number 383747354			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75. Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> 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.			
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 Grisel Leon Date 2/5/2010 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Grisel Leon	11224 SW 33 Cir PL	Miami, FL 33166
JC 2/5			
10. E-mail Address:			
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: Grisel Leon Date 2/5/2010 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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