

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300168547283
02/11/10--01032--002 **450.00

DOCUMENT # **PO7000002714**

1. Corporation Name

Obas Auto Parts Inc.

REINSTATEMENT 08-10

CR2E081 (11/09)

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

1061 N.E. 151 terr

Suite, Apt. #, etc.

3. Mailing Office Address

1061 N.E. 151 terr

Suite, Apt. #, etc.

City & State

N. Miami Bch, FL

Zip

33162

Country

City & State

N. Miami Bch, FL

Zip

33162

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-26-07

5. FEI Number

20-8348150

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

Charly Obas

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

431 S.W. 10 tr

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

☒ 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

Charly Obas

REGISTERED AGENT MUST SIGN

Date **2-8-10**

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	Charly Obas	431 S.W. 10 tr	Hallandale Bch 33009
VP	Lorette Alexander	431 S.W. 10 tr	Hallandale Bch 33009

10. E-mail Address: **Charly 923@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:

Charly Obas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-8-10**

(205) 218-8998

Daytime Phone #