FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2012 FEB 20 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000026397

1. Corporation Name
ANDREY'S Auto Repair Corp.

500222477585
02/20/12--01046--007 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
113 N. State Steeel	91 Rymshaw Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell, FL	City & State: Palm Coast, FL
Zip: 32110 Country: Flagler	Zip: 32164 Country: Flagler

4. Date Incorporated or Qualified To Do Business in Florida: 3/3/2007

5. FEI Number: 208543289 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GENNady Shapirshtein

Street Address (P.O. Box Number is Not Acceptable): 91 Rymshaw Drive

Suite, Apt. #, Etc.:

City: Palm Coast State: FL Zip Code: 32164

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: 2.16.12
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
PRES	GENNady Shapirshtein	91 RymShaw Dr	Palm Coast, FL, 32164
VICE	Ludmila Shapirshtein	91 Rym Shaw Dr	Palm Coast, FL 32164

10. E-mail Address: 113 North@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 2.16.12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #