

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000095524

1. Corporation Name

C & J AUTOSALES AND REPAIR INC

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

901 south state rd 7

Suite, Apt. #, etc.

430

City & State

hollywood fl

Country

33023

Country

US

3. Mailing Office Address

901 south state rd 7

Suite, Apt. #, etc.

430

City & State

hollywood fl

Country

33023

Country

US

FILED

10 OCT -5 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000186297330
10/05/10--01008--016 **1085.00

CR28081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-3554159

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

gideon israel

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

901 south state rd 7

Suite, Apt. #, Etc.

430

City

hollywood

State

FL

Zip Code

33023

REINSTATEMENT

08-10

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

Gideon Israel

REGISTERED AGENT MUST SIGN

Date

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	gideon israel	901 south state rd 7	hollywood fl 33023

10. E-mail Address: **gideonisrael12@gmanil.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

Gideon Israel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-10

Daytime Phone #