

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000028883

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** LAZARO AUTO SERVICE INC.

**Current Principal Place of Business:**

3697 SW 7 STREET  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3697 SW 7 STREET  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 26-2213186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIGUEREDO, LAZARO  
345 SW 122 AVENUE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAZARO FIGUEREDO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FIGUEREDO, LAZARO  
Address: 345 SW 122 AVENUE  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: FIGUEREDO, ORIETA  
Address: 10789 SW 4 STREET APT 11  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO FIGUEREDO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/07/2009

\_\_\_\_\_  
Date