

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P10000049627

1. Corporation Name

THE BROTHERS REPAIR SHOP, INC.

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

1000 W Central Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32805

Country

USA

3. Mailing Office Address

1000 W Central Blvd.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32805

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/2010

5. FEI Number

27-2849273

☐ 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

Juan De La Cruz

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

1651 W Oakridge Road

Suite, Apt. #, Etc.

Apartment "C"

City

Orlando

State

FL

Zip Code

32809

900228302039
04/10/12--01022--024 **750.00

900228302039
05/10/12--01005--005 **150.00

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

Juan De La Cruz

REGISTERED AGENT MUST SIGN

Date **03/22/2012**

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/D	Juan De La Cruz	1651 W Oakridge Road, Apartment "C"	Orlando, FL. 32809
V/D	Felix De La Cruz	2402 Lemontree	Orlando, FL. 32839
S	Jeremy Ginel	14566 Cablesire Way	Orlando, FL. 32824
			S. HAWKES
			MAY - 2012
			EXAMINER

10. E-mail Address: **ace10@hotmail.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:

Juan De La Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/2012

Date

407-242-0758

Daytime Phone #