

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2014-2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000082587

1. Corporation Name

Rodriguez Auto Service, Inc.

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

955 NW 3 Ave.

Suite, Apt. #, etc.

Suite # 5

City & State

Homestead, Florida

Zip

33034

Country

3. Mailing Office Address

PO Box 835999

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33283

Country

7. Name and Address of Current Registered Agent

Name

Marla A Mairena Mendoza

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

2728 SE 17 Ave.

Suite, Apt. #, Etc.

Suite #101

City

Homestead

State

FL

Zip Code

33035

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

REGISTERED AGENT MUST SIGN

Date **01/02/2015**

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
DPS	Marla A Mairena	2728 SE 17 Ave. # 101	Homestead FL 33035

10. E-mail Address: **RAS@bsuniverse.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/2015

Date

Daytime Phone #

FILED

15 JAN 13 8:38

ALL INFORMATION

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2011

5. FEI Number

453501509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X

\$8.75 Additional Fee required
for a Certificate of Status

300268147953
01/14/15--01024--008 **141.25

300268147953
01/08/15--01020--009 **758.75