

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 MAR 11 AM 8:21

DOCUMENT # P12000029365

1. Corporation Name

LEG'S AUTO REPAIR, INC.

000257101460  
02/24/14--01046--001 \*\*750.00

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

4570 BABCOCK ST. NE  
Suite, Apt. #, etc.

Suite #18

City & State

PALM BAY, FL

Zip

32905

Country

BREVARD

3. Mailing Office Address

4570 BABCOCK ST. NE  
Suite, Apt. #, etc.

Suite #18

City & State

PALM BAY, FL

Zip

32905

Country

BREVARD

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/12

5. FEI Number

45-5328083

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

CARISSA ASHMEAL

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

4570 BABCOCK ST. NE

Suite, Apt. #, Etc.

Suite #18

City

PALM BAY

State

FL

Zip Code

32905

000257101460

03/11/14--01023--016 \*\*158.75

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 11-8-13

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	Carissa Ashmeal	4570 Babcock St. NE, #18	Palm Bay, FL 32905

10. E-mail Address: CASHMEAL@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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-13

Date

Daytime Phone #

RE 3/12/14