

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **993000021701**

1. Corporation Name
TECHNICAL AUTOMOTIVE CENTER INC.

Principal Place of Business Mailing Address

**4100 DAVIE BLV
FORT LAUDER FL 9 33317** ← SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED

99 FEB 10 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99
2880
2/10/99

4. Date Incorporated or Qualified To Do Business in Florida **MARCH 8, 1993**

5. FEI Number **650399032** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2 Francisco M Juarez OWNER / President	3 4100 DAVIE BLV	4 Fort L laude FL 33317

5000002776585--3

-02/16/99--01024--009

******900.00 ****900.00**

8. Name and Address of Current Registered Agent

Francisco M Juarez
4100 DAVIE BLV FortLaud
FL 33317

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Francisco Juarez
REGISTERED AGENT MUST SIGN

Date **1-25-99**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Francisco Juarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco Juarez 1-25-99 (954) 5814540
Date Daytime Phone #

CR2E040 (12/96)