

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000028427

99 OCT 20 PM 12:03

1. Corporation Name

ARDAI AUTO SERVICES, INC.

Principal Place of Business

Mailing Address

~~6240 S.W. 40TH STREET~~
~~MIAMI FL 33155~~

6420 SW.
40 ST

~~6240 S.W. 40TH STREET~~
~~MIAMI FL 33155~~

6420 SW
40 ST



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

2. New Principal Office Address, If Applicable

6420 SW 40 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1993

5. FEI Number

65-0405316

Applied For

Not Applicable

City & State

MIAMI FL

City & State

Zip

33155

Country

USA

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TEIRA, FRANCISCO J	6240 S.W. 40TH STREET 6420	MIAMI FL 33155
			200003027032--4 -10/27/99--01098--008 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TEIRA, FRANCISCO J
6420
6240 S.W. 40TH STREET
MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

Date 10-18-99

REGISTERED AGENT MUST SIGN

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., 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 J. Teira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-99

Daytime Phone #

CR20040 (8/99)

10-18-99

To The Department of State, Division of Corporation,

As I spoke to one of your reps. recently, I explained to him the address mistake on my forms which had been sent to another address. He asked me to send this application for reinstatement along with the \$150.00 and a letter or note explaining what happened. Please make a correction of my address which is 6420 sw 40 st Miami, Fl. 33155. Thank you, Frank Teira

A handwritten signature in black ink, appearing to read 'Frank Teira', with a large, stylized initial 'F' and a horizontal line extending to the right.