

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000031357

1. Corporation Name

TOTAL PRECISION OVERHAUL, INC.

Principal Place of Business

Mailing Address

7882 N.W. 64th Street
Miami, Fl. 33166

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

4. Date Incorporated or Qualified
To Do Business in Florida
April 29, 1993.

5. FEI Number

65-0409036

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	3	4
Pres.	GEORGE MANIOS	7360 N.W. 78th Street	Miami, Fl. 33166
V.P.	SUSAN MANIOS	7360 N.W. 78th Street	zMiami, Fl. 33166

8000002821188-8
-03/29/99-01003-017
*****1500.00 ***1500.00**

8. Name and Address of Current Registered Agent

George Manios
7360 N.W. 78th Street
Miami, Fl. 33166.

9. Name and Address of New Registered Agent

Name
Jorge Guerrero
Street Address (P.O. Box Number is Not Acceptable)
7882 N.W. 64th Street
Suite, Apt. #, Etc

City
Miami

State Zip Code
FL 33166

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]
REGISTERED AGENT MUST SIGN

Date **3/12/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 119.02(3)(a), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR25001 1/2 98