

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

APPROVED AND FILED

98 MAR 26 AM 10:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000038497**
 1. Corporation Name **Master auto mechanics inc.**

Principal Place of Business **6201 Pembroke Rd. Hlwd Fla. 33020**
 Mailing Address

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

2. New Principal Office Address, If Applicable **6201 Pembroke Rd.**
 Suite, Apt. #, etc.
 City & State **Hlwd Fl**
 Zip **33020** Country **U.S.A**

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number **65-0413866**
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
1st officer	Jose a Colon President	12363 N.W. 13th CT Pembroke Pines	Pembroke pines Fla 33026

600002479026-7
 -04/05/98--01005--012
 ****315.00 ****315.00

Handwritten signature
 3/26/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carol N. Colon
12363 N.W. 13th CT
Pembroke Pines Fl 33026

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State 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 **Carol N. Colon**
 REGISTERED AGENT MUST SIGN

Date **3-9-98**

11. This corporation owes or has paid 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 119.07(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: **Jose a Colon** **2-07-98 (954) 989-6162**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

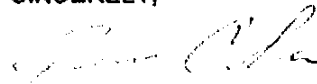
CR2040 (1/98)

MARCH 24, 1998

DEAR MR. BRUMBLEY

I AM WRITING IN REFERENCE TO THE REINSTATEMENT FEE AND THE EXPLANATION FOR THE LATE PAYMENT. I HAD CALLED BACK IN FEBRUARY AND SPOKE TO SOMEONE FROM YOUR OFFICE, THEY SAID A LETTER WAS MAILED OUT TO MY PLACE OF BUSINESS SEVERAL TIMES. I DID EXPLAIN TO THE WOMAN THAT I HAD RELOCATED MY PLACE OF BUSINESS AND I HAVE BEEN RECEIVING MY MAIL SINCE MY MOVE. THE WOMAN SAID THEY WOULD MAKE AN EXCEPTION AND TO MAIL 315.00 TO REINSTATE THE CORPORATION. I DO APOLOGIZE FOR ANY MISS UNDERSTANDING AND FOR NOT NOTIFYING THE FLORIDA DEPARTMENT OF STATE FOR THE MOVE, BUT LIKE I HAD EXPLAINED I HAVE BEEN RECEIVING ALL OF MY MAIL SINCE THE MOVE. THANK YOU FOR YOUR TIME.

SINCERELY,

A handwritten signature in dark ink, appearing to read "Jose A. Colon", written in a cursive style.

JOSE A COLON
MASTER AUTO MECHANIC