

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV 21 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017226**

1. Corporation Name

AUTO SERVICE 2222 CORPORATION

Principal Place of Business

10018 HAMMOCK BLVD.
#202
MIAMI FL 33196

Mailing Address

10018 HAMMOCK BLVD.
#202
MIAMI FL 33196

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0471788

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RAINUZZO, ELJO	10018 HAMMOCK BLVD. SUITE 202	MIAMI FL 33196
D	RAINUZZO, JANELORE	10018 HAMMOCK BLVD. SUITE 202	MIAMI FL 33196
			800002014328--7 11/26/96-01101-006 ***375.00 ***375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

RAINUZZO, ELJO
10018 HAMMOCK BLVD.
SUITE 202
MIAMI FL 33196

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

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

Date 11-18-96

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:

SIGNATURE REQUIRED
SIGNATURE AND EXEMPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janeless Rainuzzo

Date

Daytime Phone #