

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 20 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000019445**

1. Corporation Name

LEMAI AUTO REPAIR, INC.

2. Principal Office Address

5050 Cleveland Ave

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33907

Country

USA

3. Mailing Office Address

10630 McGregor Blvd

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33914

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-9-1994

5. FEI Number

650473762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Roger Lemay

100012975491
02/21/03--01111--006 **300.00

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

5050 S. Cleveland Ave.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROGER LEMAY	5050 S. Cleveland Ave Fort Myers FL 33907	Fort Myers FL 33907

10. 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:

Roger Lemay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-03

Daytime Phone #

239 2781682

CR2E081 (10/02)

js 2/26