

PLEASE READ ALL INSTRUCTIONS BEFORE C

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P94000027743

1. Corporation Name

LUIS AND SON AUTO REPAIR, INC.

2. Principal Office Address

5601 S.W. 8 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33134

Country

MIAMI-DADE

3. Mailing Office Address

555 E. 25 ST.

Suite, Apt. #, etc.

SUITE 111

City & State

HIALEAH, FL.

Zip

33013-3839

Country

MIAMI-DADE

700011878907
02/05/03--01040--005 **\$900.00

REINSTATEMENT 02-03

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

1994

5. FEI Number

65-0487792

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

LUIS GARCIA

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

50 N.W. 22nd. AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33135

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

[Signature of Luis Garcia]

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	GARCIA, LUIS	50 N.W. 22nd. AVE.	MIAMI, FL. 33135

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:

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

1/14/03
Date

Daytime Phone #

CR2E081 (10/02)

2/24