

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034186**

1. Corporation Name

A & V AUTO SERVICES, CORP.

Principal Place of Business

Mailing Address

13995 N.W. 19TH AVENUE
OPA LOCKA FL 33054

13995 N.W. 19TH AVENUE
OPA LOCKA FL 33054

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

05/02/1994

5. FEI Number

65-0487924

Applied For

Not Applicable

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 3	City / State / Zip 4
DPT	RIOS, VIDAL	13995 NW 19TH AVE	OPA LOCKA FL 33054
DCS	FELICIANO, ADA	13263 NE 19TH AVE.	OPA LOCKA FL 33054

100003095191--6

-01/11/00--01094--014
****500.00 ****500.00

100003095191--6

-01/11/00--01094--015
****373.75 ****373.75

8. Name and Address of Current Registered Agent

RIOS, VIDAL
13995 NW 19TH AVE
OPA LOCKA FL 33054

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

FL

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

REGISTERED AGENT MUST SIGN

Date

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE