

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 19 PM 12:16

DOCUMENT # P95000006623

1. Corporation Name

Southern Commercial &
Residential Repairs, Inc.

2. Principal Office Address

1341 NE 172 St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33162

Country

USA

Zip

Miami

Country

FL

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/1995

5. FEI Number

65-0552764

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

DAVID MARTINEZ

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

18140 NE 10th Ct

Suite, Apt. #, Etc.

City

Nymia Beach, FL

State

FL

Zip Code

33162

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]

REGISTERED AGENT MUST SIGN

Date 11/13/03

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
Pres.	David Martinez	18140 NE 10th Ct.	N.M.B. FL 33162
			300024865013 11/19/03--01069--028 **\$500.00
			300024865013 11/19/03--01069--029 **\$500.00

10. I certify that I am an officer, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

Date

305525-2460

Daytime Phone #


CR2E081 (10/02)

DOCUMENT # P95000006623

11/13/03

I, DAVID MARTINEZ WAS NOT AWARE THAT I WAS SUPPOSED TO RENEW EACH YEAR SINCE I NEVER RECEIVED ANY NOTICE FROM TALLAHASSEE AT THE ADDRESS WHERE I WAS LIVING IN AT TIME OF RENEWAL. ALSO THE ORIGINAL AGENT HAS SINCE PASSED AWAY. I AM SENDING A CHECK IN THE AMOUNT OF \$ 1,273.75 TO HAVE MY CORPORATION REINSTATED AND TO HAVE A CERTIFICATE OF STATUS FAXED TO MY OFFICE FAX 305 6334490. THEN MAIL ME THE ORIGINAL PLEASE.

RESPECTFULLY

A handwritten signature in black ink, appearing to read "David Martinez", is written over a horizontal line.

305 525-2460 CELL