

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT -7 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000028428

**1. Corporation Name**

P & R AUTO REPAIR, INC.

**2. Principal Office Address**

1910 NW 7th St. Miami, FL 33125

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

DADE

**3. Mailing Office Address**

FL 33125

Suite, Apt. #, etc.

City & State

Zip

Country

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

4/11/95

**5. FEI Number**

65-0571164

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**7. Name and Address of Current Registered Agent**

Name

Pedro Calderon

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

1910 NW 7th St.

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code  
33125

**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

Date 9/30/02

REGISTERED AGENT MUST SIGN

**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
PDS	Pedro Calderon	1910 NW 7th St	Miami, Fl. 33125

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02

Date

305-541-4992

Daytime Phone #

**RAFAEL IGLESIAS C.P.A.**

801 MADRID ST. #204  
CORAL GABLES, FLORIDA 33134

Phone 305-446-8422  
Fax 305-569-9118

October 3, 2002

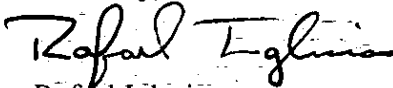
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Ref.: Document # P95000028428  
P. & R. AUTO REPAIR INC.  
1910 NW 7<sup>th</sup> Street  
Miami, Fl 33125

Dear Sirs,

Enclosed is Corporation Reinstatement Form for the above referenced corporation. P. & R. Auto Repair Inc. did not receive their Uniform Business Code Report Form for the years 2000 and 2001. I recently discovered this while entering 2001 disbursements for the preparation of their Federal Corporate Tax Return. The president and sole owner of P. & R. Mr. Pedro Calderon informed me that he did not receive these Uniform Business Reports. Please waive any additional fees in regard to this matter.

Sincerely,

  
Rafael Iglesias