

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000093966

1. Corporation Name

**FERNANDEZ MUFFLERS & BRAKES, INC**

2. Principal Office Address

**3821 NW 135 ST BAY B**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**OPALOCKA, FL**

Zip

Country

City & State

Zip

Country

**33054-4650**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/12/1995**

5. FEI Number

**65-0632419**

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

**JOSE A MIRANDA**

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

**518 E 52 ST**

Suite, Apt. #, Etc.

City

**HIALEAH**

State

**FL**

Zip Code

**33013**

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 **10/26/2004**

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
P	MIRANDA, JOSE A	518 E 52 ST	HIALEAH, FL 33013

100842282421  
10/28/04--01035--016 \*\*150.00

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:**

**Jose A Miranda, President**

**10/26/2004**

**(305)687-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22821

**Fernandez Mufflers & Brakes Inc.**

**3821 NW 135<sup>th</sup> Street, Bay B  
Opalocka, Florida 33054-4650**

October 26, 2004

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: FERNANDEZ MUFFLERS & BRAKES INC

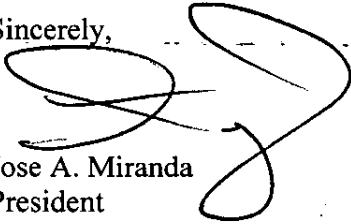
Ref: P95000093966

Enclosed please find the 2004 Application for Reinstatement, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,

  
Jose A. Miranda  
President