

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 15 PM 8:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000013606**

1. Corporation Name

A & K GARAGE DOOR REPAIRS, INC.

REINSTATEMENT **1012**

2. Principal Office Address - No P.O. Box #

2073 W 62nd St.

Suite, Apt. #, etc.

3. Mailing Office Address

2073 W 62nd St.

Suite, Apt. #, etc.

City & State

HiALEAH, FL

Zip

33016

Country

USA

City & State

HiALEAH, FL

Zip

33016

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1996

5. FEI Number

65-0646483

☐ 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

Jimenez, Henry

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

2073 W 62nd St

Suite, Apt. #, Etc.

City

HiALEAH

State

FL

Zip Code

33016

600238536116
08/15/12--01019--012 **1050.00

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

8/1/12

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	Henry Jimenez	2073 W 62 nd St.	HiALEAH, FL 33016
VP	Emilse Jimenez	8722 NW 108 th Ln	HiALEAH Gardens, FL 33016

AUG 15 2012

10. E-mail Address:

(To be used for future annual report notification)

D. BUTLER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s.87.06, F.S.

SIGNATURE:

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

Henry Jimenez

AUG 2, 2012
Date

257-4507
Daytime Phone #