

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000023152**

1. Corporation Name

5-STAR REPAIR SERVICE, INC.

Principal Place of Business

**2594 OKLAHOMA STREET
WEST PALM BEACH FL 33406**

Mailing Address

**2594 OKLAHOMA STREET
WEST PALM BEACH FL 33406**

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

03/11/1996

5. FEI Number

65-0658948

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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
D	WHITE, LOUIS A	2594 OKLAHOMA STREET	WEST PALM BEACH FL 33406

REINSTATEMENT 03-04
500040036375
08/11/04--01066--006 **908.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FROST, RONALD W
412 NORTH DIXIE HIGHWAY
LANTANA FL 33462**

Name

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

2594 OKLAHOMA ST

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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. or 617.0505, F.S.

Signature of
Registered Agent

Jeanne White
REGISTERED AGENT MUST SIGN

Date **7/20/04**

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.

NATURE:

Louise A. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04 561-6863738
Date Daytime Phone #

CR2E040 (7/03)