

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION**  
1997 FOR AR

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS



AND  
FILED

1997 OCT 21 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000036682**

1. Corporation Name  
**REPI ENTERPRISES, INC.**

Principal Place of Business  
2637 W. 9 CT.  
HIALEAH FL 33010

Mailing Address  
2637 W. 9 CT.  
HIALEAH FL 33010



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|   |                         |   |                       |  |  |
|---|-------------------------|---|-----------------------|--|--|
| 2. New Principal Office Address, If Applicable<br><b>1184 WESTWARD DR.</b><br>Suite, Apt. #, etc. |                         | 3. New Mailing Office Address, If Applicable<br><b>1184 WESTWARD DR.</b><br>Suite, Apt. #, etc. |                       | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>04/29/1996</b>                                     |  |
| City & State<br><b>MIAMI SPRINGS FLA.</b>   |                         | City & State<br><b>MIAMI SPRINGS FLA.</b>   |                       | 5. FEI Number<br><b>65-0661030</b>   |  |
| Zip<br><b>33166</b>   | Country<br><b>U S A</b> | Zip<br><b>33166</b>   | Country<br><b>USA</b> | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|---|
| DP         | BARRERAS, RENE                      | <del>2637 W. 9 CT.</del><br>1184 WESTWARD DR  | <del>HIALEAH FL 33010</del><br>MIAMI SPRINGS FL. 33166            |
| DST        | BARRERAS, PILAR                     | <del>2637 W. 9 CT.</del><br>1184 WESTWARD DR  | <del>HIALEAH FL 33010</del><br>MIAMI SPRINGS FL. 33166            |
|            |                                     |   | 000002337750--0<br>-11/04/97--01068--001<br>****550.00 ****550.00 |
|            |                                     |   |   |
|            |                                     |   |   |
|            |                                     |   | SCC 10-31-97  |

|   |  |  |  |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent<br><b>BARRERAS, RENE</b><br>2637 W. 9 CT.<br>HIALEAH FL 33010 |  | 9. Name and Address of New Registered Agent<br>Name<br><b>RENE BARRERAS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1184 WESTWARD DR.</b><br>Suite, Apt. #, Etc.<br>City<br><b>MIAMI SPRINGS</b> State<br><b>FL</b> Zip Code<br><b>33166</b> |  |
|---|--|--|--|

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.

Signature of Registered Agent Date **10-23-97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: **RENE BARRERAS** 10/23/97 887-7438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/97)

# REPI

## ENTERPRISES

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IMPORT & EXPORT \*HEAVY EQUIPMENT \*TRUCK PARTS \* AUTO PARTS  
1184 WESTWARD DR., MIAMI SPRINGS, FL 33166  
PHONE: (305)887-7438 \* BEEPER: 955-2773 \* FAX: 887-1479

October 28, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6237  
Tallahassee, FL 32314-6327

To Whom It May Concern:

The reason for this letter is to explain what happened with the payment I mailed on September 10, 1997. I send check #2190 for the amount of 550.00 dollars, along with an application for reinstatement for Repi Enterprises, Inc., and it was returned because of a mistake in the application. This document was returned to the wrong address or it simply got lost in the mail.

I am enclosing application for reinstatement of my Corporation again, with check # 2298 for the total amount due. If you have any questions, please do not hesitate to call me at 305-887-7438.

Sincerely,

Rene Barreras  
President

RB:pb