

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 23 AM 8:22


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/27/07--01029--013 \*\*1500.00

REINSTATEMENT 1998-07

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000088573  
1. Corporation Name  
PUERTO DOMINGO AUTO REPAIR & PAINT SHOP INC.

2. Principal Office Address - No P.O. Box # 2286 NW 36TH ST		3. Mailing Office Address 2286 NW 36TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33142	Country DADE	Zip 33142	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 10/25/1996

5. FEI Number 65-0707847  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  
YSMAEL E. ANTIGUA

Street Address (P.O. Box Number is Not Acceptable)  
2286 NW 36TH ST

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33142

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Ysmael E. Antigua Date 02/16/2007  
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
DP	YSMAEL E. ANTIGUA	2286 NW 36TH ST	MIAMI, FL 33142

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 contained in Chapter 119, 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: Ysmael E. Antigua Date 02/16/2007 Daytime Phone # 305-637-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten initials/signature*