

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

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

96 JAN 15 PM 3:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**AR 97**

DOCUMENT # **P96000098315**

1. Corporation Name  
**CHUCHO AUTO REPAIRS, INC.**

Principal Place of Business  
**8600 NW 27TH AVE.  
 MIAMI FL 33147**

Mailing Address  
**8600 NW 27TH AVE.  
 MIAMI FL 33147**



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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **12/02/1996**

5. FEI Number **65-0708907**  
 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)

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
PD	SUAREZ, APOLONIO	990 NE 156TH TERRACE	NO MIAMI BEACH FL 33162
			300002405669--0 -01/21/98--01002--002 ****175.00 ****175.00

*D. Ward*  
 Jan 15/1998

8. Name and Address of Current Registered Agent

**SUAREZ, APOLONIO  
 8600 NW 27TH AVE.  
 MIAMI FL 33147**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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 *Apolonio Suarez* Date \_\_\_\_\_  
 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: *Apolonio Suarez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/97)

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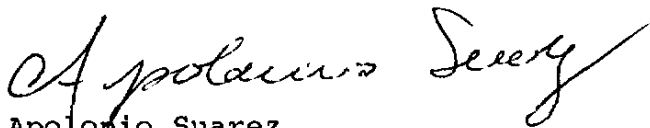
REF: P96000098313  
CHUCHO AUTO REPAIRS, INC

TO WHOM IT MAY CONCERN:

This note is to inform that: I had never received my Corporation Annual Report, only received the application for reinstatement. I do not know why but I want to reinstatement my Corporation as soon as possible enclosed is my reinstatement check fee.

Thank you very much.

Sincerely yours,



Apolonio Suarez,  
Chucho Auto Repairs, Inc.