

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006046

**1. Corporation Name**

M & I REPAIRS CORP.

700016234987  
04/18/03--01017--012 \*\*\$00.00

**2. Principal Office Address**

1899 N.W. 21 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33142

Country

**3. Mailing Office Address**

P.O. BOX 352274

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33135

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0717448

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

VILLA ISORA

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

450 S.W. 66 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144-3749

**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

REGISTERED AGENT MUST SIGN

Date

**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
PSD	VILLA, ISORA	450 S.W. 66 AVE.	MIAMI, FL 33144-3749

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

February 12, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Doc. No. P97000006046  
M & I Repairs Corp.

Gentlemen:

I have not receive my annual renewal for years 2002/2003.  
Last year I was sick with a depression, I had two surgeries  
and my business was almost closed on account of this situation.

Also, I moved in July/2001 and that may be the reason I did  
not receive the reports.

I went to the bank to open a new account and they told me that  
my corporation was dissolved for non payment of the report, at  
that moment I realized that I didn't file for year 2002, but  
it was due to the fact that I didn't receive the renewal report  
and I had so many problems that inadvertently I failed to  
change the address and to file.

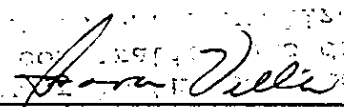
Please, take this into consideration and mail me the reports for  
both years at my post office box as follows.

ISORA VILLA  
P.O. BOX 352274  
MIAMI, FL 33142

Also, please, change the principal address to: 450 S.W. 66 Avenue,  
Miami, Florida 33144.

Thanking you in advance for your kindness, I remain,

Truly yours

  
M & I REPAIRS CORP.  
ISORA VILLA, PRESIDENT

ENCLOSURE  
REMYT MY PAYMENT  
FOR TWO YEARS  
PLEASE, ABATE MY  
PENALTY THAT MAY  
ARISE FROM THIS DATE