

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 OCT -2 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000042429

1. Corporation Name

ALILIS REPAIRS & INVESTMENT, CORP

300003417713--E

-10/06/00--01130--004

\*\*\*750.00 \*\*\*750.00

2. Principal Office Address

10710 SW 67 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

10710 SW 67 TERR

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33173

Country

USA

City & State

Miami, FL

Zip

33173

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/97

5. FEI Number

65-0759469

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

DILIA YERO

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

10710 SW 67 TERR.

Suite, Apt. #, Etc.

City

Miami, FL 33173

State

FL

Zip Code

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

*Dilia Yero*  
REGISTERED AGENT MUST SIGN

Date SEPT 29, 2000

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
PSTD	DILIA YERO	10710 SW 67 TERR	Miami, FL 33173

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:

*Dilia Yero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILIA YERO

Date

SEPT 29, 2000

Daytime Phone #

(305) 266 8990