

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

00101 WBO

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 14 PM 5:13

DOCUMENT # P 970 00084727

1. Corporation Name

A & N AUTO REPAIRS, INC.

2. Principal Office Address

200 N.E. 27 Court

3. Mailing Office Address

same as "2"

Suite, Apt. #, etc.

Apt. # J19

Suite, Apt. #, etc.

City & State

Aventura, FL.

City & State

Zip

33180-2053

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/97

5. FEI Number

65-0785219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

06-20-00 90001 007 \$150.00

7. Name and Address of Current Registered Agent

Name

NISSAN HAREL

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

20200 NE. 27 Court

Suite, Apt. #, Etc.

Apt. # J19

City

AVENTURA, FL.

State  
FL

Zip Code

33180-2053

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\*\*\*\*550.00 \*\*\*\*510.00

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

*[Signature]*

Date 12/11/01

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
P/S/D	NISSAN HAREL	20200 NE. 27 Court, Apt J19	Aventura, FL. 33180-2053

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/01

(305) 937-1761

Date

Daytime Phone #

CR2001 (9/00)

JOSEPH V. HERMANNS JR.  
ATTORNEY AT LAW

December 6, 2001

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, FL. 32314

Att.: REINSTATEMENT SECTION.  
Re : Reinstatement of administratively dissolved Corporation  
Corporation- A & N AUTO REPAIRS, INC.

Sirs:

My office represents the above Corporation, A & N AUTO REPAIRS, INC. We are requesting reinstatement.

Recently, in a legal action in Broward County's COUNTY COURT, we were made aware, for the first time, that A & N AUTO REPAIRS, INC had been judicially dissolved on September 23, 2000. But its President and Owner, NISSAN HAREL, said that he had in fact sent in the Annual Report and his check in the amount of \$150.00. although he did so a little late due to being ill. Since then, NOTHING has been received from you.

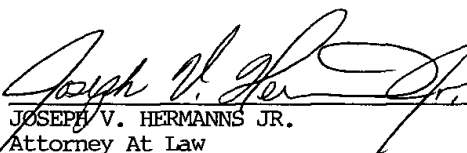
When I contacted your office, c. 10 days ago, I was advised to get the REINSTATEMENT FORM from your Website, complete it, draft a cover letter explaining the situation and requesting a waiver of the late fee, and send the foregoing, together with a copy of the prior \$150.00 check and a present check in the amount of \$550.00, to the Division, Attention REINSTATEMENT SECTION.

Enclosed, please find the following: (a) REINSTATEMENT FORM; (b) Copy of the said \$150.00 Check; and (c) a present check in the amount of \$550.00.

If anything further needs be provided, please contact my office. If there are any questions, also feel free to contact my office.

Thank you for your assistance in this matter.

Very truly yours,

  
JOSEPH V. HERMANNS JR.  
Attorney At Law