

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR 2002



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000063908

1. Corporation Name

BEST PRICE AUTO REPAIR, INC.

Principal Place of Business

445 NE 6TH AVE
DELRAY BEACH FL 33483

Mailing Address

445 NE 6TH AVE
DELRAY BEACH FL 33483

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

07/15/1998

5. FEI Number

65-0843729

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	4 City / State / Zip
SDVT	GERENA, ELTON L	4348 BROADWAY ST	LAKE WORTH FL 33461
P	GERENA, ELTON L	4348 BROADWAY ST	LAKE WORTH FL 33461

8. Name and Address of Current Registered Agent

GERENA, ELTON L
445 NE 6TH AVE
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 #

11-6-02

561-279-9219

CR20040 (8/02)

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**Best Price Auto Repair Inc.
445 N.E. 6th Avenue
Delray Beach, Florida 33483**

November 4, 2002

Division of Corporation
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: P98000063908

Dear Sir/Madam:

On October 28, 2002 we received your FIRST notice that the above corporation was administratively dissolved. This notice was of a great surprise to us, since our check for the annual fee, which was dated April 22, 2002, cleared our bank account on May 2, 2002.

We immediately called the Division's office to see if this was an error. The agent on the phone indicated that on May 13, 2002 a notice was sent to our business indicating a signature of an officer was missing. This notice and our returned form were never received by us, to be able to comply with the missing information. In fact, we never received the second notice, which the division claims was sent on June 7, 2002.

We are returning the enclosed application for reinstatement signed, as required, to be reinstated as active. Please waive all penalties since we did not receive the prior two notices. As indicated our check for the fees have been previously received, and all of our past filings have been timely.

The Divisions help in expediting our request would be greatly appreciated.

Sincerely,

Elton L. Gerena

Elton Gerena, President

NOTED FOR FILING
RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
NOV 14 2002