PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 FEB 28 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068905

1. Corporation Name

CHAVES AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
6882 WEST 26TH AVE. HIALEAH GARDENS FL 33016	6882 WEST 26TH AVE. HIALEAH GARDENS FL 33016

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

REINSTATEMENT 99-120

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
7787 N.W. 52 St.	7787 N.W. 52 St.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Miami, FL.	City & State Miami, FL.
Zip 33166 Country U.S.A.	Zip 33166 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1998

5. FEI Number 65-0865367 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CHAVES, GUILLERMO	6882 WEST 26TH AVE.	HIALEAH GARDENS FL 33016
		800003161458--1	-03/08/00--01012--016
			****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CHAVES, GUILLERMO 6882 WEST 26TH AVE. HIALEAH GARDENS FL 33016	Name Guillermo Chaves Street Address (P.O. Box Number is Not Acceptable) 6882 W. 26th Ave. Suite, Apt. #, Etc. ~~Hialeah Gardens~~ N/A City Hialeah Gardens State FL Zip Code 33016

CR2E040 (8/99)

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 SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date 2/7/00

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.

KE

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/7/00 Date (305) 594-7753 Daytime Phone #

0017696 AF