

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 17 PM 2:28

DOCUMENT # **P98000070645**

1. Corporation Name
CENTRAL AIR REPAIR INC.

Principal Place of Business Mailing Address

6763 SW 81 STREET MIAMI FL 33143 6763 SW 81 STREET MIAMI FL 33143

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



09-06-00 90091 004 \$550.00

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
 08/13/1998

5. FEI Number
 05-0881269
 APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SANCHEZ, JOSE F	6763 SW 81ST STREET	MIAMI FL 33143
PD	Ignacio F. Vigo		

8. Name and Address of Current Registered Agent

SANCHEZ, JOSE F
 6763 SW 81ST STREET
 MIAMI FL 33143

9. Name and Address of New Registered Agent

Name: Ignacio F. Vigo
 Street Address (P.O. Box Numbers Not Acceptable): 6763 SW 81ST
 Suite, Apt. #, Etc.:
 City: Miami State: FL Zip Code: 33143

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]* REGISTERED AGENT MUST SIGN Date: 10-11-00

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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-11-00. 305 6666-5386 Daytime Phone #

CR2E040 (8/00)



6763 S.W. 81st Street

Miami, Florida 33143

Phone (305) 666-5386

October 11, 2000

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

To Whom It May Concern:

Please be advised that Central Air Repair did not receive the letter you sent regarding the FEI number that was needed on our application. Therefore, I am sending a copy of the original application and the reinstatement application with our FEI number included.

Our FEI number is 65-0881269, which is also stated on the applications I have included.

Thank you in advance for your prompt attention to this matter.

Respectfully;

Laura Ortiz
Manager