

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017951

1. Corporation Name

AYD MOBILE REPAIR, INC

2. Principal Office Address

PMB # 328 950-23 BLANDING

Suite, Apt. #, etc.

BLVD.

City & State

ORANGE PARK, FLORIDA

Zip

32065

Country

USA

3. Mailing Office Address

PMB # 328 950-23 BLANDING

Suite, Apt. #, etc.

BLVD.

City & State

ORANGE PARK, FLORIDA

Zip

32065

Country

USA

REINSTATEMENT 02-04

400029071174

02/19/04--01012--015 **1058.75

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 22, 1999

5. FEI Number

59-3560235

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

ANITA E. COOPER

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

PMB # 328 950-23 BLANDING BLVD.

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32065

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

Anita E. Cooper

Date 2-13-04

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
PRES	ANITA E. COOPER	PMB # 328 950-23 BLANDING BLVD.	ORANGE PARK, FL 32065
V-P	DAVID J. COOPER	PMB # 328 950-23 BLANDING BLVD.	ORANGE PARK, FL 32065

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:

Anita E. Cooper

ANITA E. COOPER

SIGNATURE AND TYPED OR/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-04

Date

(904) 291-1392

Daytime Phone #

CR2E081 (10/02)