

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000020659

1. Entity Name  
RISING AUTO REPAIRS, INC.



Principal Place of Business  
2101 NW 141 ST #17  
OPA LOCKA, FL 33054

Mailing Address  
2101 NW 141 ST #17  
OPA LOCKA, FL 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06222005

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0906058

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROBERTS, GEORGE  
2101 NW 141 ST #17  
OPA LOCKA, FL 33054

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME ROBERTS, GEORGE ☐ Delete  
STREET ADDRESS 2101 NW 141 ST #7  
CITY-ST-ZIP MIAMI, FL 33054

TITLE D  
NAME ROBERTS, FITZROY ☐ Delete  
STREET ADDRESS 2101 NW 141 ST #17  
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2005 OCT 24 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/24/05--01056--021 \*\*300.00



112

10/27/05

2/R

July 20, 2005

Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Rising Auto Repairs, Inc.**  
**Doc # P99000020659**

Gentlemen,

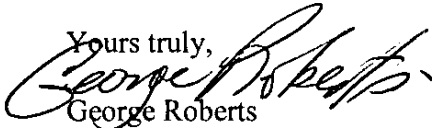
I was recently informed of your intent to dissolve the above Corporation.

If I may explain, I did not receive any renewal application (see incorrect address)

I am asking if you could kindly waive this penalty and allow me to renew again,  
as per our conversation.

The check for \$300.00 is included.

Yours truly,

  
George Roberts  
President