

2005 FOR PROFIT CORPORATION REINSTATEMENT

112


FILED

2005 OCT 24 PM 3: 21

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

DOCUMENT # P99000020659

1. Entity Name
 RISING AUTO REPAIRS, INC.



Principal Place of Business Mailing Address
 2101 NW 141 ST #17 2101 NW 141 ST #17
 OPA LOCKA, FL 33054 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 Applied For
 65-0906058 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, GEORGE | NAME | |
| STREET ADDRESS | 2101 NW 141 ST #7 | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33054 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, FITZROY | NAME | |
| STREET ADDRESS | 2101 NW 141 ST #17 | STREET ADDRESS | |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: George Roberts Date _____ Daytime Phone # _____

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,

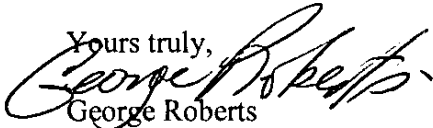
I was recently informed of your intent to dissolve the above Corporation.

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