

1-850-245-6059

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 12:17

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000024331

1. Corporation Name

A ONE FAMILY AUTO REPAIR INC
 1415 SE Village Green DR
 Pt St Lucie FL 34952

 800009737528
 12/30/02--01056--001 **1050.00

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-99

5. FEI Number

65-0899983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Luis L Lopez-Pequito

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

1601 SE Higdon CT

Suite, Apt. #, Etc.

City

Pt St Lucie

State

FL

Zip Code

34952

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

REGISTERED AGENT MUST SIGN

Date

MAR 23, 02

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 DirectorsStreet Address of Each
Officer and/or Director

City / State / Zip

P	Luis L Lopez-Pequito	1601 SE Higdon CT	Pt St Lucie FL 34952
ST.	Maureen J Norberto-Lopes	1601 SE Higdon CT	Pt St Lucie FL 34952

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MAR 23, 02

Daytime Phone #