

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 PM 4:51

DOCUMENT # P99000024720

1. Corporation Name

CLAUDIOS AUTO REPAIR INC.

200025234862
12/04/03--01034--006 **\$600.00

2. Principal Office Address

3324 Grand Blvd

Suite, Apt. #, etc.

City & State

HOLIDAY

Zip

34690

Country

PASCO

3. Mailing Office Address

3324 Grand Blvd

Suite, Apt. #, etc.

City & State

HOLIDAY

Zip

34690

Country

PASCO

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

1999 APRIL

5. FEI Number

59-3564752

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

VIRENDRA C. PATEL

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

3324 GRAND BLVD

Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34690

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

V. Patel

REGISTERED AGENT MUST SIGN

Date 11-24-03

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
P.	VIRENDRA C. PATEL	3144 Deersgruss Ct. Holiday FL-34691	Holiday FL-34691
V.P.	SMITA V. PATEL	Same	Same

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:

V. Patel

VIRENDRA C. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-03

Date

722-849-1979

Daytime Phone #

CR2E081 (10/02)

24 November 2003

Claudio's Auto Repair
3324 Grand Blvd.
Holiday, FL. 34690
727 849-1979

State of Florida
Division of Corporations
P/O Box 6327
Tallahassee, FL. 32314

Ref: Reinstatement (Corp)

Dear Sir;

Having been in the automotive repair business a number of years, I have relied on my accountant to see that I am within the law of State requirements.

During the year my accountant had left the business and I retain another. Although it was my responsibility to insure the licensing, I assumed all necessary State requirement were paid for and acknowledged, however I was wrong and am requesting REINSTATEMENT (Corp).

Enclosed is my check of the sum of \$600.00 for reinstatement. Please forward any correspondence or renewals to Claudio's Auto Repair listed address.

Sincerely;

Virendra C. Patel