


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P99000027482		
1. Entity Name SONS AUTO REPAIRS CORP		

FILED  
06 NOV 14 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 90 SW 9TH AVE. HOMESTEAD, FL 33030	Mailing Address 90 SW 9TH AVE. HOMESTEAD, FL 33030
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT** (1/05)

4. FEI Number  
65-0911028

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent	
GONZALEZ, ARMANDO 90 SW 9TH AVE. HOMESTEAD, FL 33030	

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 Armando Gonzalez ARMANDO GONZALEZ - PRESIDENT 11/9/06  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, ARMANDO 90 SW 9TH AVE. HOMESTEAD, FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/9/06 11:06T-05C-1250.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Armando Gonzalez ARMANDO GONZALEZ - PRESIDENT 11/9/06 (305) 245-8477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

SONS AUTO REPAIR, CORP.

90 SW 9 Ave  
Homestead, FL 33030  
Phone (305) 245-8477

Nov. 09, 2006


FLORIDA DEPARTMENT OF REVENUE  
Division of Corporation  
Post Office Box 6327  
Tallahassee, FL 32314

To whom it my concern:

Enclosed you will find our check # 10799 for amount of \$ 150.00 in order to pay Reinstatement Fee. Please be advised that we never received the Annual Report First Notice.

I am very sorry for the inconvenience and if you any question regarding this matter, please give us a call

Sincerely,

  
Armando Gonzalez  
President

