

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 30 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030054

1. Corporation Name

Specialized Auto Body Shop, Inc.
9828 S.W. 168th Street
Miami FL 33157

2. Principal Office Address

9828 S.W. 168th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

U.S.A.

3. Mailing Office Address

9828 S.W. 168th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 03/29/1999

5. FEI Number

65-0915341

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

Ruben Bencomo

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

11502 S.W. 148 Path

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Date

REGISTERED AGENT MUST SIGN

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/D | Ruben Bencomo | 11502 S.W. 148 Path | Miami, FL 33196 |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20031 (10/02)

Specialized Auto Body Shop, Inc.
9828 S.W. 168th Street
Miami, FL 33157

January 27, 2004

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

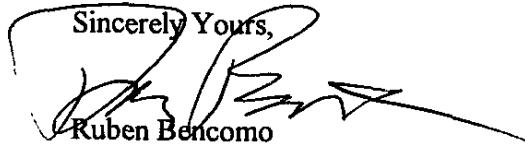
Re: Corporation Reinstatement

To whom it may concern:

Enclosed please find our Corporation Reinstatement form along with our check # 5711 in the amount of \$300.00 covering the fee for the years 2003 & 2004.

During the year 2003 we did not receive the annual report and was unaware that our corporation was dissolved. I became aware of this situation when our bank contacted us. Please process our form to reinstate our corporation as soon as possible.

Sincerely Yours,



Ruben Bencomo

President