

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT

2000-01UBR

DIVISION OF CORPORATIONS



FILED

01 JAN 29 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000030856**

1. Corporation Name

DESTIN AUTO REPAIR, INC.

Principal Place of Business

1001 NE 1ST AVE. BAY #19
POMPANO BEACH FL 33060

Mailing Address

1001 NE 1ST AVE. BAY #19
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/31/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-691-321-3

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	FREPE DESTIN	380 NW 42ND CT	Pompano Beach, FL 33064

4000003655934--8
-02/07/01--01038--028
****300.00 ****300.00

8. Name and Address of Current Registered Agent

DESTIN, FREPEDE
380 NW 42ND CT
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Frepe Destin **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-20-00

11. 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frepe Destin 12-23-00 954) 942-0571
Date Daytime Phone #

CR20040 (8/00)

KE

2 of 2

10-20-00

Destin Auto Repair inc
1001 NE 1st AVE. Bay #19
Pompano Beach FL 33060

To Whom it may concern.

I am truly sorry for not renewing the
corporation. Although it was not my fault
because I did not receive the application

Sincerely,

Respect, Destin