

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 30 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030856

1. Corporation Name

DESTIN AUTO REPAIR, INC.
1001 NE 1st AVENUE - BAY 19
POMPANO BEACH, FLORIDA 33060

2. Principal Office Address

1001 NE 1st AVE - BAY 19

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

3. Mailing Office Address

1001 NE 1st AVE - BAY 19

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 03-31-1999**

5. FEI Number
65-0913213

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
FREPED DESTIN

Street Address (P.O. Box Number is Not Acceptable)
380 NW 42nd COURT

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33064

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

Freped Destin

REGISTERED AGENT MUST SIGN

Date 03-25-04

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
D/P	FREPED DESTIN	380 NW 42nd COURT	POMPANO BEACH, FL 33064

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)(l), 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: *Freped Destin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-2004

Date

(954) 942-0519

Daytime Phone #

CR2E081 (01/04)