

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **049000039634**

**1. Corporation Name**

A TO Z AUTO REPAIRS & AIRCONDITIONING, INC.

1330 SOUTH DIXIE HIGHWAY  
1330 SOUTH DIXIE HIGHWAY

**2. Principal Office Address**

1330 SOUTH DIXIE HIGHWAY

**3. Mailing Office Address**

1330 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
650915602

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

DORON BEN HANA

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

1330 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

City

HOLLYWOOD

State  
**FL**

Zip Code  
33020

**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

REGISTERED AGENT MUST SIGN

Date **07-18-2004**

**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	IRIT BEN HANAN	4900 SHERIDAN ST	HOLLYWOOD FL 33021
VP	DORON BAN HANA	4900 SHERIDAN ST	HOLLYWOOD FL 33021

**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 #

**7/19/04 954-922-7776**

**A TO Z AUTO REPAIRS & AIR CONDITIONING, INC.**

1330 SOUTH DIXIE HWY , HOLLYWOOD FL 33020

TEL 954-922-7776

JULY 18 2004

DEAR SIRs,

WE DIDN'T RECEIVE THE REPORT LAST YEAR AND THE

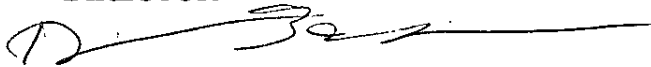
CURRENT YEAR.

PLEASE RENEW THE CORPORATION WITHOUT THE PENALTY.

BEST REGARDS,

DORON BAN HANAN

DIRECTOR

A handwritten signature in black ink, appearing to read 'Doron Ban Hanan', is written over a horizontal line.