

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

2000 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049196

1. Corporation Name

Jimmy's Auto Repair, Inc

2. Principal Office Address

12328 SW 128 st

Suite, Apt. #, etc.

Bay 113

City & State

Miami, FL

Zip

33186

Country

Miami-Dade

3. Mailing Office Address

12328 SW 128 st

Suite, Apt. #, etc.

Bay 113

City & State

Miami, FL

Zip

33186

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0938510

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

Fernando Giraldo

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

12328 SW 128 st

Suite, Apt. #, Etc.

Bay 113

City

Miami, FL

State

FL

Zip Code

33186

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

4-17-01

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

President

Fernando Giraldo

12328 SW 128 st Bay 113

Miami, FL 33186

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

4-17-01

Daytime Phone #

CR2E081 (9/99)