

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

01 OCT 24 PM 2:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000062011**

1. Corporation Name

J & C AUTOMOTIVE REPAIR, INC.

Principal Place of Business

Mailing Address

1480 MAIN ST
 DUNEDIN FL 34698

1480 MAIN ST
 DUNEDIN FL 34698

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida	07/13/1999
5. FEI Number	59-3586779
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PSTD	BOYER, CHERLYNN K	1797 MAIN STREET	SAFETY HARBOR FL 34698 LS

000004657720--1
 -10/29/01--01078--018
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name
 SPIEGEL & UTRERA, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1840 Southwest 22 Street
 Suite, Apt. #, Etc.
 4th Floor
 City
 Miami
 State
 FL
 Zip Code
 33145

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent

By: **Natalia Utrera, Vice President**

Date

10/23/01

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 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 #

12 OCT 01 127363818

CR2E040 (8/01)