

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

05 APR 18 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000098072**

1. Corporation Name

ABEL'S TRANSMISSIONS, CORP.

2. Principal Office Address

22770 So Dixie Highway

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33170

Country

U.S.

3. Mailing Office Address

22770 So. Dixie Highway

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33170

Country

U.S.

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

5. FEI Number

65-0959446

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

ABEL A. CUENCA

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

22770 So. Dixie Highway

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33170

300054218853

05/10/05-01072-004 **120.00

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

[Signature]

Date

4/15/05

REGISTERED AGENT MUST SIGN

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/S/D	ABEL A. CUENCA	13 NE 32nd Rd	HOMEBREAR, FL 33030

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] **President**

Date

4/15/05 (305) 247-2100

Daytime Phone #

Abel A Cuenca

CR2E081 (01/05)