

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31715

1. Corporation Name

MIGHTY TUNE-UP & AUTO REPAIRS, INC.

2. Principal Office Address

450 NE 167TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33162

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

~~REINSTATEMENT~~

600009088006
11/20/02--01001--001 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1992

5. FEI Number

650336280

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

GERARDO SEGURA

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

18801 NW 77TH COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33177

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 11/08/02

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
PD	GERARDO SEGURA	18801 NW 77TH COURT	MIAMI, FL 33015
VS	DEBORAH SEGURA	18801 NW 77TH COURT	MIAMI, FL 33015

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

11/8/02 (305) 948-3331

Date

Daytime Phone #

CR2E081 (9/01)