

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 21 PM 9:35

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.

N/A

City & State

MIAMI, FLORIDA

Zip

33162

Country

MIAMI DADE

**3. Mailing Office Address**

450 NE 167TH STREET

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33162

Country

MIAMI DADE

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/24/1992

**5. FEI Number**

65-0336280

☒ 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

SEGURA GERARDO

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

18801 NW 77TH CT

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33015

**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 X

REGISTERED AGENT MUST SIGN

Date

6/16/04

**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	SEGURA GERARDO	18801 NW 77 CT	MIAMI, FL 33015
VS	SEGURA DEBORAH	18801 NW 77 CT	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:

Gerardo Segura X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/16/04

(305) 948-3331

Daytime Phone #