

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005816

1. Corporation Name

I 95 AUTO REPAIR, INC.

2. Principal Office Address

1800 SW 100 AVE

3. Mailing Office Address

1800 SW 100 AVE

Suite, Apt. #, etc.

BAY E

Suite, Apt. #, etc.

BAY E

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-19-93

5. FEI Number

65-0385395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

07-23-03 90060 043 \$ 150.00 BBS

7. Name and Address of Current Registered Agent

Name

VILONE, ALFRED

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

2500 E LAS OLAS BLVD

REINSTATEMENT

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33301

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

Date 12-12-03

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
PTD	CHATELAIN, PATRICK --	8707 SW 97 AVE --	MIAMI FL 33173
S	WILNER, LC	7231 RAMONA ST	MIRAMAR FL 33023

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:

PATRICK CHATELAIN

12-12-03

954 430-5524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXHIBIT I

2012

August 6, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

RE: I-95 Auto Repair, Inc.
Doc # P93000005816

Dear Sir:

In response to your letter dated July 24, 2003 and per my telephone conversation with Justin Chavez of your department, I wish to inform you that, the reason of my lateness regarding my annual Uniform Report, are as followed.

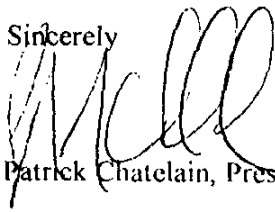
This year, trying to advance with technology, I filed on line before May 1, 2003. Apparently being not computer savvy it seems my Uniform Report as well as my payment did not go thru.

Based on that fact, it will be greatly appreciate that you waive the late fee for me.

Please find enclosed a corrected copy my document and a copy of your letter. Hoping this information will be sufficient to do the necessary.

If you have any question concerning this matter, please do not hesitate to contact me.

Sincerely



Patrick Chatelain, President

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