

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018499

1. Corporation Name

GERMINO'S AUTO REPAIR SERVICE, INC.

FILED

96 DEC -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10703 NORTH 46TH STREET
TAMPA FL 33617

10703 NORTH 46TH STREET
TAMPA FL 33617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96*



2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/06/1995

Suite, Apt. #, etc.

17414 US HWY 41N

Suite, Apt. #, etc.

17414 US HWY 41N

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549-4570

Country

USA

Zip

33549-4570

Country

USA

5. FEI Number

59-3304230

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GERMINO, VICTOR V	10703 NORTH 46TH STREET	TAMPA FL 33617
			1 00002025431 --3 -12/11/96--01011--008 ***383.75 ***383.75
			<i>Emidio</i>

8. Name and Address of Current Registered Agent

GERMINO, VICTOR V
10703 NORTH 46TH STREET
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name *N/A*
Street Address (P.O. Box Number is Not Acceptable) *N/A*
Suite, Apt. #, Etc. *N/A*
City *N/A*
State **FL** Zip Code *33617*

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Emidio
VICTOR V GERMINO
REGISTERED AGENT MUST SIGN

Date 12.04.96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED
EMIDIO J. GERMINO

12.4.96

909-0066

Date

Daytime Phone #