

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000074182

1. Corporation Name

MASTER MECHANICS OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

924 NE 24 LANE #7
CAPE CORAL FL 33909

924 NE 24 LANE #7
CAPE CORAL FL 33909

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/24/1998

5. FEI Number

65-0861945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a 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	4 City / State / Zip
D	BEUDERT, HENRY J	1214 SW 14 TERRACE	CAPE CORAL FL 33991

200025760702
12/26/03--01005--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEUDERT, HENRY J
924 NE 24 LANE #7
CAPE CORAL FL 33909

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **12-17-03**

11. 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

Date **12-17-03**

Daytime Phone # **239-574-7233**

FILED
03 DEC 26 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *OS*



CR2E040 (7/03)

December 17, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am writing to you today to ask you to waive the reinstatement fee of \$600.00, for my brother's corporation. I don't remember receiving any paper work from the state in 2003. I took over for my father taking care of the business's books in December of last year after his death; my brother is a small business owner with no employee's. He works 70 to 80 hours a week to make ends meet and keep his business open a \$600.00 hit would hurt him tremendously.

As I said before I don't remember getting any paper work from the state, I know I received from the county of Lee, and the City of Cape Coral. If you look at the records since the business was incorporated, he has never been late.

I please ask you to reinstate his business and waive the fee.

We have enclosed a check for \$150.00, if you don't waive the charge please contact us, and we will send the \$600.00

Thanking you in advance for your cooperation.

x: 
Henry Beudert

Owner

Master Mechanics of Cape Coral

924 NE 24th Lane Unit 7

Cape Coral FL 33909

239-574-7233

Document Number P98000074182


Ruthann Goldstein

Bookkeeper