

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUN 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032724

1. Corporation Name

Meineke of Ocoee, Inc.

2. Principal Office Address

10810 West Colonial Drive

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip

34761

Country

USA

3. Mailing Office Address

7688 Apple Tree Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

USA

4. Date Incorporated or Qualified

--To Do Business in Florida

April 10, 1997

5. FEI Number

59-3441661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100003339421--3

-07/28/00--01060--007

***1050.00 ***1050.00

98.00

7. Name and Address of Current Registered Agent

Name

William P. Weatherford, Jr.

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

1031 W. Morse Blvd., Suite 105

Suite, Apt. #, Etc.

City

Winter Park, Florida 32789

State

FL

Zip Code

32789

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

W P Weatherford, Jr.

Date 6/15/00

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
P/T/D	Joseph N. Bernard	7688 Apple Tree Circle	Orlando, Florida 32819
v/S/D	Marie Bernard	7688 Apple Tree Circle	Orlando, Florida 32819

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

Date

Daytime Phone #

CR2E081 (9/99)