

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

06 JUN 23 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 236380

1. Corporation Name

Lake Worth Auto Hospital, Inc.

800076705348  
06/29/06--01021--001 \*\*2400.00

**REINSTATEMENT**

95-06

2. Principal Office Address  
117 S. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address  
117 S. Dixie Highway

Suite, Apt. #, etc.

City & State  
Lake Worth, FL

City & State  
Lake Worth, FL

Zip  
33460

Country  
USA

Zip  
33460

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 5/11/1960

5. FCI Number  
590899616

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  
Dermot P. Mac Mahon

Street Address (P.O. Box Number is Not Acceptable)  
1860 Forest Hill Boulevard

Suite, Apt. #, Etc.  
Suite 105

City  
West Palm Beach

State  
FL

Zip Code  
33406

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

*Dermot P. Mac Mahon*

REGISTERED AGENT MUST SIGN

Date 6/20/06

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,D	Alex G. Schmidt	117 S. Dixie Highway	Lake Worth, FL 33460
V	Alex G. Schmidt	117 S. Dixie Highway	Lake Worth, FL 33460
S	Alex G. Schmidt	117 S. Dixie Highway	Lake Worth, FL 33460
T	Alex G. Schmidt	117 S. Dixie Highway	Lake Worth, FL 33460

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 contained in Chapter 119, 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:

*Alex G. Schmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06

Date

561-966-3300

Daytime Phone #

6/27/06