

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -7 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 539630

1. Corporation Name

~~Cottman Transmission~~
George M. Fischer Jr. Inc.
DBA Cottman Transmission

400040825964
09/07/04--01003--005 **300.00

2. Principal Office Address

814 S. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Office Address

(Same)
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

(Same)

Zip

33609

Country

Hillsborough

Zip

(Same)

Country

(Same)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-1746077

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

GEORGE M. FISCHER

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

814 S. Dale Mabry Hwy.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/31/04

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
President	George M. Fischer	814 S. Dale Mabry	Tampa FL 33609
Secretary	Janice Fischer	814 S. Dale Mabry	Tampa FL 33609

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04
Date

813
870 2114
Daytime Phone #

CFR2081 (01/04)