

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG -2 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 640781

1. Corporation Name

Brake Service of Central Florida,  
INC

2. Principal Office Address - No P.O. Box #

3743 Kenilworth Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

3743 Kenilworth Blvd

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33870

Country

Highland

Zip

33870

Country

Highland

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591941397

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

O'Brien, Mary Jane

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

2706 Greenacre Drive

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33872

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Mary Jane O'Brien

Date 7/31/07

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
V	O'Brien, Merritt F.	2706 Greenacre Dr	Sebring FL 33872
PST	O'Brien, Mary Jane	2706 Greenacre Dr	Sebring FL 33872

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08/02/07--01055--002 \*\*1050.00

REINSTATEMENT 08-07

RH

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:

Mary Jane O'Brien  
Mary Jane O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/07 863 3821136

Daytime Phone #