

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 DEC 27 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000971

1. Corporation Name

Mechanical Breakdown Administrators, Inc.
Incorporated

2. Principal Office Address

4919 E. San Salvador

Suite, Apt. #, etc.

Suite 105

City & State

Scottsdale AZ

Zip

85258

Country USA

3. Mailing Office Address

4919 E. San Salvador

Suite, Apt. #, etc.

Suite 105

City & State

Scottsdale AZ

Zip

85258

Country USA

REINSTATEMENT 2001

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/15/2001

5. FEI Number

52-1629339

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

STEVEN M. MALONO

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

215 SOUTH MONROE STREET, 2ND FLOOR

Suite, Apt. #, Etc.

City

TALLAHASSEE, FL

State

FL

Zip Code

32301

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

Date 12/27/01

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
CS	GAYLEN M. BROTHERRSON	9419 E. SAN SALVADOR, #105	SCOTTSDALE, AZ 85258
VP	JUDY K. BROTHERRSON	9419 E. SAN SALVADOR, #105	SCOTTSDALE, AZ 85258
D	GENE WILCZEWSKI	3608 S. 74TH ST.	OMAHA, NE 68124
D	KEITH CANNON	2300 SHAWN CT.	CARLSBAD, CA 92008
D	MICHAEL BRADY	5450 LAKESHORE DR., STE 111	TEMPE, AZ 85283

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:

Gaylen M. Brotherson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01

Date

480-860-2288

Daytime Phone #

CR2E081 (9/00)

CAROL WILES
Requestor's Name
PENNINGTON LAW FIRM
Address
222-3533
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

MECHANICAL BREAKDOWN Admin. F01 000000971
(Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 DEC 27 PM 2:13
DIVISION OF CORPORATION