


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F12940**

1. Corporation Name

HEAVY TRANSMISSION, INC.

Principal Place of Business

Mailing Address

5826 FUNSTON STREET
 HOLLYWOOD FL 33023

5826 FUNSTON STREET
 HOLLYWOOD FL 33023



REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/29/1980

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

59-2050867

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WOLFF, GUY	5826 FUNSTON ST	HOLLYWOOD FL

400015290944
 04/03/03--01048--004 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORAITIS, GEORGE
 16919 NW 57TH AVENUE
 MIAMI FL 33055

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 3-24-03
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Guy Wolff Date 3-24-03 Daytime Phone # 1-954-981-6102

CRF040 (8/02)