

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 AM 9:38

DOCUMENT #

1. Corporation Name

National Cylinder Head Exch Inc

2. Principal Office Address

1446 W Anderson St

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

USA

3. Mailing Office Address

1446 W Anderson St

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1983

5. FEI Number

59-2362845

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

John P. Lantry

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

1446 W Anderson St

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

4000004741664--5

-12/27/01--01057--017

***150.00 ***150.00

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

REGISTERED AGENT MUST SIGN

Date 10/19/01

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
Pres	John P Lantry	1446 W Anderson St	Orlando, FL 32805
V Pres	Charles M Lantry Jr	1446 W Anderson St	Orlando, FL 32805

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:

JOHN P LANTRY

10/19/01 407-423-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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National Cylinder Head Exchange Inc.

1446 West Anderson Street
Orlando, Florida 32805-2414
407-423-4323
407-423-0356 Fax

October 19, 2001

Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Fl. 32314-6327

To whom it may concern:

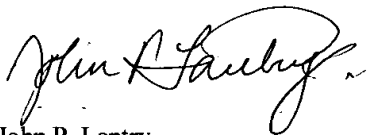
Yesterday I received notice by mail that our corporation had not filed a timely renewal.

We have been in business since 1971 and incorporated since 1984. I did not receive notice of renewal prior to yesterday. From now on, I will put it on my calendar (which in retrospect I should have done anyway) so this can not happen again. If you have e-mail notification, my e-mail address is jlantry@aol.com.

I ask your consideration in waiving the penalty.

Thank you for your time in this matter.

Kind regards:



John P. Lantry
President

JPL/nfs