

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 08595

1. Corporation Name

MR AUTO INSURANCE OF
UNION PARK, INC

2. Principal Office Address

10440 E COLONIAL

Suite, Apt. #, etc.

ORLANDO

City & State

FLA

Zip

32817

Country

ORANGE

3. Mailing Office Address

10440 E COLONIAL

Suite, Apt. #, etc.

ORLANDO

City & State

FL

Zip

32817

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

6-19-84

5. FEI Number

59-2424212

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

ROGER JOHN BRANDJES

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

8004 E COLONIAL DR

Suite, Apt. #, Etc.

ORLANDO, FL 32817

City

State

FL

Zip Code

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

Roger Brandjes

REGISTERED AGENT MUST SIGN

Date 6-10-00

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
DP	ROGER BRANDJES	8004 E COLONIAL	ORLANDO, FL 32817
			800003344478--9 -08/02/00--01090--010 ****558.75 ****558.75 DB UBR TS

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:

Roger Brandjes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-00 407-244-1433

Date

Daytime Phone #

CR2E081 (9/99)