

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H08595

1. Corporation Name

MR. AUTO INSURANCE OF UNION PARK, INC.

Principal Place of Business

10440 E COLONIAL DR
ORLANDO FL 32817-4425

Mailing Address

10440 E COLONIAL DR
ORLANDO FL 32817-4425

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1984

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	BRANDJES, ROGER No Longer w/ Corp.	8004 E COLONIAL	ORLANDO FL 32817
Pres	Ivan Lopez	4336 Pembroke Ave	Orlando, FL 32826
Sec	Jessica Lopez	4336 Pembroke Ave	Orlando, FL 32826

8. Name and Address of Current Registered Agent

~~BRANDJES, ROGER JOHN~~
10440 E COLONIAL DR
ORLANDO FL 32817-4425

9. Name and Address of New Registered Agent

Name
Ivan J. Lopez
Street Address (P.O. Box Number is Not Acceptable)
10440 E. Colonial Dr.
Suite, Apt. #, Etc.
City
Orlando
State
FL
Zip Code
32817

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

700004690977--9
-11/21/01--01055--001
****758.75 ****758.75
Date 10-19-01

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:

Ivan Lopez President 10-19-01 407-932-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 OCT 31 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2040 (8/01)