

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN - 2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H 15607**

1 Corporation Name **Key Automotive + Diesel Repair INC.**

Principal Place of Business Mailing Address
**11909 North Nebraska Ave. Same
Tampa, Fl. 33612**

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

REINSTATEMENT **ad**
85-96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida August 8, 1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2432372	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>8875 Additional Fee required for a Certificate of Status</small>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	STEVEN F. ELLIOTT	9039 Arndale Cir. Tampa Fl. 33615	Tampa Fl. 33615
Secretary	11	11	11
Treasurer	11	11	11
Chairman	11	11	11
800002047778--4 -01/07/97--01063--022 ***1612.50 ***1612.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN F. ELLIOTT 9039 Arndale Cir Tampa Fl. 33615		Name STEVEN F. ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 9039 11909 N. Nebraska Ave Suite, Apt. #, Etc. City TAMPA State FL Zip Code 33612	
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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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **12-28-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-28-96** 813-979-0876
Daytime Phone #