

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:39

SECRETARY OF STATE
JIM SMITH
300008783453
11/04/02--01063--030 **750.00

DOCUMENT # H15607

1. Corporation Name

KEY AUTOMOTIVE & DIESEL REPAIR, INC.

Principal Place of Business

11909 NORTH NEBRASKA AVENUE
TAMPA FL 33612

Mailing Address

11909 NORTH NEBRASKA AVENUE
TAMPA FL 33612

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

2. New Principal Office Address, If Applicable

905 E. 129th Ave.

3. New Mailing Office Address, If Applicable

905 E. 129th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33612

Country

Zip

33612

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1984

5. FEI Number

59-2437372

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTC	LILIEDAHL, RODNEY	15420 LIVINGSTON AVE	LUTZ FL 33549
		26786 HICKORY LOOP	LUTZ, FL 33559

8. Name and Address of Current Registered Agent

LILIEDAHL, RODNEY

15420 LIVINGSTON AVE

LUTZ FL 33549

26786 HICKORY LOOP

LUTZ, FL 33559

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 of Rodney Liliedahl
REGISTERED AGENT MUST SIGN

Date

10-29-02

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 of Rodney Liliedahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-02

Daytime Phone #

813 979 0874

CR2E040 (802)