

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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96-97 AR

FILED

97 JUN 26 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT

DOCUMENT # H44645

1. Corporation Name

SANFORD TIRE AND MUFFLER CENTER, INC.

Principal Place of Business

Mailing Address

420 S. French Ave.  
Sanford, FL 32771

420 S. French Ave.  
Sanford, FL 32771

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2519690

Not Applicable

Zip

Country

Zip

Country

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)

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
PD	Patrick C. Moore	1760 Perch Lane	Sanford, FL 32771
STD	Carolyn S. Moore	1760 Perch Lane	Sanford, FL 32771

000002224500--5  
-06/27/97--01017--005  
\*\*\*\*365.00 \*\*\*\*365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patrick C. Moore  
1760 Perch Lane  
Sanford, FL 32771

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.

Signature of  
Registered Agent

*Patrick C. Moore*

REGISTERED AGENT MUST SIGN

Date 6/21/97

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 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:

*Patrick C. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/97

407-322-0872  
Daytime Phone #

CR2E040 (12/96)

2/2

**SANFORD TIRE  
&  
MUFFLER CENTER**

420 S. French Avenue  
Sanford, Florida 32771  
(305) 322-0872

June 23, 1997

Mr. Shawn Logan  
Department of State  
Division: of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Re: Sanford Tire & Muffler Center, Inc.

Dear Mr. Logan,

Enclosed please find completed Application for Reinstatement and check in the amount of \$365.00 for Annual Report fees for 1996 (\$200.00) and 1997 (\$165.00).

We never received the Annual Report forms for 1996 or 1997, therefore failed to file them.

Thank you for your assistance.

Sincerely,



Patrick C. Moore