

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 16 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H70834**

1. Corporation Name

Sarasota Big Muffler Shop, Inc.

2. Principal Office Address - No P.O. Box #

2015 N. Washington Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2015 N. Washington Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34234

Country

USA

Zip

34234

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 08/12/1985

5. FEI Number

592567044

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

Richard D. Ahlquist, Esq.

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

4509 Bee Ridge Rd.

Suite, Apt. #, Etc.

Unit D

City

Sarasota

State

FL

Zip Code

34233

000240292330

10/16/12--01004--001 **150.00

000240292330

10/01/12--01054--030 **908.75

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

Richard D. Ahlquist

REGISTERED AGENT MUST SIGN

Date

9/28/12

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
PD	Bobby B. Kirkland	2015 N. Washington Blvd.	Sarasota, FL 34234
STVD	Michael B. Walden	2015 N. Washington Blvd.	Sarasota, FL 34234

10-12

REINSTATEMENT

10. E-mail Address: ahlquistandassociates@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael B. Walden **MICHAEL B. WALDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-2012

Daytime Phone #

page 2 of 2

Law Offices of
RICHARD D. AHLQUIST & ASSOCIATES, P.A.
Attorneys at Law
Richard D. Ahlquist
ahlquistandassociates@comcast.net

Sarasota Main Office
4509 Bee Ridge Rd. Unit D
Sarasota, FL 34233
(941) 377-6261
Fax: (941) 377-4809

Ft. Myers Office
16520 S. Tamiami Trail
#138-291
Ft. Myers, FL 33907-2136
(941) 377-4718

Tampa Bay Office
200 2nd. Ave. S. #231
St. Petersburg, FL 33701-4313
(941) 377-4735

*Richard D. Ahlquist
*Also admitted in Indiana

Reply To: Sarasota

September 28, 2012

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of Corporation
Sarasota Big Muffler Shop, Inc.
Our File No. 17822-NC

Dear Sir or Madam:

In reference to the above captioned matter, please note the enclosed Application for Reinstatement along with a check for the appropriate fees. Please reinstate said corporation and send me a certificate of good standing. I remain,

Very truly yours,

RICHARD D. AHLQUIST
& ASSOCIATES, P.A.


Richard D. Ahlquist

RDA/pt
Enclosure/ check