PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J16481

(0)

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FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name

ED'S SMALL ENGINE REPAIR, INC.

Principal Place of Business

%Diana M. Bean

Mailing Address

%Diana M. Bean

2818 Grayton Street Deltona, FL 32738		2818 Grayton Street Deltona, FL 32738			REINSTATEMENT 91-97			
	ddresses are incorrect in any way, fine the			· · · · · · · · · · · · · · · · · · ·	1.5			
			New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/28/1986		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	0	City & State	Criy & State			59-2684776 Not Applicable		
Zip	Country	Zip		Country	6. CERTIFICAT		5 Additional Fee required in a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	l/or Director (Flo	orida nonprofit c					
Title(s)	Name of Officers and/or Directors 2		3 (Do N	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip		
PSD	Diana M. Bean	2818 Gra		Grayton Stre	Deltona, FL 32738		?738	
VTD	Edward W. Bean		2818 Grayton Str		et	t Deltona, FL 32738		
					1	00002127 -03/28/97	7313 11138002	
						****915.88	****915.00	
						\$3	-20-97	
8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
					Name  Street Address (P.O. Box Number is Not Acceptable)  Strite And # Fig.			
Bean, Diana M. 2818 Grayton Street				Street Address (P.O. Box N		lumber is Not Acceptable)		
	Deltona, Fl. 3273	Suite, Apt. #, Etc.						
•				City	City State Zip Code			
10. I, being Signature o Registered	Agent COUNTY	ove named corpo CONTRACTOR AG	۸. ړ	Dear	obligations of Sect	tion 607.0505, F.S. Date 3/18/9	77	
11. Do De	es this corporation pay ept. of Revenue under S	any intang 199.032,	jible tax t Florida S	o the Statutes. Yes	□ No [		o for information gible tax.)	
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss to the corporation have been paid and the application is true and accurate, and my s	olution has been names of individ	eliminated, the luals listed on th	corporate name satisfies his form do not qualify for	the requirements an exemption un	of section 607.0401 or 617.040	01, F.S., that all fees	
SIGNAT	URE: SIGNATURE AND TYPED OR PE	INTED NAME OF	signing OFFICE	AND R OR DIRECTOR	3/18	47 (941) Day	89-5662 Nime Phone #	