

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**97/09 AR**  
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 1997-1999  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

99 JUN 14 PM 9:58

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # J40114

Corporation Name  
**Expert Tune Inc.**

Principal Place of Business  
**2354 W. Michigan Ave  
 Pensacola FL  
 32522**

Mailing Address  
**861 Molino Meadows Ct.  
 Molino FL  
 32577**

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 <b>10/29/86</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2769535</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
Pres.	David Sanderson	861 Molino Meadows Ct.	Molino FL 32577
			400002905284--8 -06/15/99--01074--016 ****465.00 ****465.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>David Sanderson          861 Molino Meadows Ct.          Molino FL 32577</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 **6-7-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **6-7-99** Daytime Phone # **850 587-5405**

CP2E081 (12/98)



June 10, 1999

TO: Division Of Corporations

FROM: David N. Sanderson, Pres. Expert Tune, Inc.

REF: Reinstatement

I would ask that my corporate status be reinstated due to the fact that I did not receive proper notice for 1997, which caused administrative dissolution of the corporation.

Respectfully,

A handwritten signature in dark ink, appearing to read "David Sanderson", written over a horizontal line.

David Sanderson  
Pres. Expert Tune, Inc.