| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS | APPROVED AND FILED 1997 NOV 10 PM 4: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # J53371

1. Corporation Name

TOMMY MOON'S GARAGE, INC.

Principal Place of Business	Mailing Address
8139 W BEAVER ST. JACKSONVILLE FL 32220-9697	8139 W BEAVER ST. JACKSONVILLE FL 32220-9697

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 **01/21/1987**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **NOT APPLICABLE**	Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐	**$8.75 Additional Fee required for a Certificate of Status**
Zip / Country	Zip / Country		

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MOON, TOMMY	8139 WEST BEAVER STREET	JACKSONVILLE FL
VD	MOON, BARBARA	8139 WEST BEAVER STREET	JACKSONVILLE FL
		200002346512----1 --11/13/97--01055--008 ****750.00 ****750.00	
		REINSTATEMENT '97	
		SCC 11-10-97	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
WOOD, ROBERT H ESQUIRE 3830 CROWN POINT RD JACKSONVILLE FL 32258	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 _____ REGISTERED AGENT MUST SIGN   Date 11/1/97

11. This corporation owes or has paid 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: _Barbara J. Moon_   11/6/97   (904) 781-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CP2E040 (8/97)