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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -9 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L26330

1. Corporation Name

XPERTECH CAR CARE CENTER, INC.

Principal Place of Business	Mailing Address
80 N CONGRESS DELRAY BEACH FL 33087 US	80 N CONGRESS DELRAY BCH. FL 33087 US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/27/1999

5. FEI Number: 65-0150431 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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	4 City / State / Zip
D	BUORKAN, KEVIN E.	7985 NW 63 WAY	PARKLAND FL
VP	BUORKAN, ROBIN L	7985 NW 63 WAY	PARKLAND FL

300003070573--2
-12/15/99--01019--013
*****150.00 *****150.00

LS

8. Name and Address of Current Registered Agent

KEVIN E. BUORKAN
7985 NW 63 WAY
PARKLAND FL 33067

9. Name and Address of New Registered Agent

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: K R — REGISTERED AGENT MUST SIGN — Date: 10-28-99

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., 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: K R Kevin E Buorkan 10-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

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

Secretary of State:

Our annual report for Xpertech Car Care Center, Inc. was mailed on March 21, 1999. (see attached check register, check number 1226). We, therefore request reinstatement for the original amount of $150.00.

Thank you for your consideration. If you have any questions please contact me. (561-243-7904)

Sincerely,

Kevin. E. Buorkan