

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



97 SEP -3 PM 4:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L94750

1. Corporation Name
Pittstop Auto, Inc
842 Maguire Rd
Ocoee, FL 34761

Principal Place of Business
842 MAGUIRE Rd
Ocoee, FL 34761

Mailing Address
P.O. Box 159
Ocoee, FL 34761

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 8/20/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3055223	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4
P	Thomas J. Pitts SR.	402 S. Cumberland Ave	300002285213--8 -09/04/97-01102--001 ***1088.75 ***1088.75 Ocoee, FL 34761
D	Linda J. Pitts	402 S. Cumberland Ave	Ocoee, FL 34761

REINSTATEMENT 95-97
A. Allen
9/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Signature of Registered Agent REGISTERED AGENT MUST SIGN	Name Thomas J. Pitts SR	
	Street Address (P.O. Box Number is Not Acceptable) 402 S. Cumberland Ave	
	Suite, Apt. #, Etc.	
	City Ocoee	State FL
		Zip Code 34761

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 Date **8/29/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 **Linda J. Pitts** Date **8/29/97** 407-656-2577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2EM40 (12/96)