

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUL 18 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96251

1. Corporation Name

MR. AUTO INSURANCE OF OSCEOLA  
COUNTY, INC

*[Handwritten signature]*

2. Principal Office Address

1317 E VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34744

Country

USA

3. Mailing Office Address

1317 E VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL.

Zip

34744

Country

USA

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

8-24-1990

5. FEI Number

59-2424212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROGER JOHN BRANDJES

700003351147-1

Street Address (P.O. Box Number is Not Acceptable)

8004 EAST COLONIAL DRIVE

\*\*\*1058.75 \*\*\*1058.75

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32812

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Roger John Brandjes*  
REGISTERED AGENT MUST SIGN

Date 7-15-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ROGER BRANDJES	8004 E COLONIAL DR	ORLANDO, FL 32812

10. 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:

*Roger John Brandjes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER JOHN BRANDJES

7-15-00

Date

407-249-1433

Daytime Phone #