

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
K. Michael Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -5 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M23780**
1. Corporation Name **SPECIALISTS IN AUTO SERVICE, INC.**

Principal Place of Business
**7560 S.W. 36 ST.
DAVIE, FL. 33314**

Mailing Address
**SPECIALISTS IN AUTO
SERVICE, INC.
P.O. BOX 292458
DAVIE, FL. 33329-2458**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2607671	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Add to 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. City / State / Zip
PRES.	JOHN H. SOGEGIAN	7560 S.W. 36 ST.	DAVIE, FL. 33314

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-11/08/99--01123--010
*****150.00 *****150.00

SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JOHN H. SOGEGIAN 7560 S.W. 36 ST. DAVIE, FL. 33314		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 _____
REGISTERED AGENT MUST SIGN

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: John H. Sogegian, Pres. **JOHN H. SOGEGIAN, PRES.** 11/1/99 (954) 435-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (12/98)

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Division of Annual Reports
PO Box 6327
Tallahassee, FL 32314

REF: M23780

Gentlemen:

I would like to ask that you reinstate my corporation for the \$ 150.00 original filing fee that is enclosed. Due to a divorce statute my mail has not been forwarded to me. . This is the first notification that I have received and I notice that it has my correct PO Box address on it. I did not give you this address so I don't understand how you got it unless prior mail was returned to you with the new address on it. This mix up in my mail can be verified thru my attorney and by the local post office.

If you check my records you'll see that I have never been late before on this filing.

Please change all your records including the address for register agent to my new mailing address:

Specialists in Auto Service, Inc.
John H. Sogegian
P.O. Box 292458
Davie, FL 33329-2458

Respectfully,

John H. Sogegian, Pres.

John H. Sogegian
President
Specialist In Auto Service, Inc.