

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

01 MAR 15 PM 12:48

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M67772

1. Corporation Name

KEITH'S GARAGE OF TAMPA, INCORPORATED

2. Principal Office Address

14905 N. Nebraska

3. Mailing Office Address

14905 N. Nebraska

Suite, Apt. #, etc., FL 33613

Suite, Apt. #, etc., FL 33613

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33613

Country

Hillsborough

Zip

33613

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

2/5/88

5. FEI Number

59-2867384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$15.75 Additional Fee imposed
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronnie Lee Triplett

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

17013 Aspen Meadows

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

REGISTERED AGENT MUST SIGN

Date 3/14/01

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
PTD	Ronnie Lee Triplett	17013 Aspen Meadows	Lutz, FL 33549
VSD	Donald Lee Dueker, Jr.	2620 Meadowood Dr	New Port Richey, FL 34655

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

813-973-7998

Daytime Phone #

C-32001 (8/00)