

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023916

1. Corporation Name

DAN'S AUTO REPAIR & TIRE SERVICE, INC.

Principal Place of Business

5270 NW 15TH ST
MARGATE FL 33063

Mailing Address

3770 COCO LAKE DR.
COCONUT CREEK FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

65-0995943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	URICOLI, GENINE L	3770 COCO LAKE DR.	COCONUT CREEK FL 33073

300023765463
10/13/03--01098--012 **150.00

8. Name and Address of Current Registered Agent

URICOLI, GENINE L
3770 COCO LAKE DR.
COCONUT CREEK FL 33073

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. or 617.0505, F.S.

Signature of
Registered Agent

Genine Uricoli
REGISTERED AGENT MUST SIGN

Date

10.8.03

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:

Genine Uricoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENINE Uricoli
Date

10.9.03 054
Daytime Phone 975.7168

CR20040 (7/03)

To whom it may concern,

Please excuse the tardiness in our payment for our corp liscence.

The current mailing address was listed to my residence. Our postal Carrier has changed several times and we feel they might not have recognized the Corp. name therefore a mix up in the mail. It will not happen again. We have opted on the form to change the mailing address to our place of business.

Thank You In Advance.

Singerely,



Genine Uricoli