

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080516

1. Corporation Name

ADVANCED MUFFLER & BRAKE, INC.

Principal Place of Business

1017 SO. DIXIE HIGHWAY  
LAKE WORTH FL 33460

Mailing Address

1017 SO. DIXIE HIGHWAY  
LAKE WORTH FL 33460



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

08/24/2000

5. FEI Number

65-1033912

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	MIELE, DONALD B	<del>146 BAREFOOT COVE</del> 823 SHORE DR.	<del>HYPOLUXO FL 33462</del> BOYNTON Bch. FL 33435
D	MIELE, ANN M	<del>146 BAREFOOT COVE</del> 823 SHORE DR.	<del>HYPOLUXO FL 33462</del> BOYNTON Bch. FL 33435

000008698420  
10/30/02--01050--013 \*\*150.00

8. Name and Address of Current Registered Agent

MIELE, DONALD B  
1017 SO. DIXIE HIGHWAY  
LAKE WORTH FL 33460

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

Daytime Phone #

CR2E040 (8/02)

## Advanced Muffler and Brake Inc.

1017 S. Dixie Highway  
Lake Worth, FL 33460  
Phone (561) 588-9585

2774 Okeechobee Blvd.  
West Palm Beach FL 33409  
Phone (561) 684-6882

Oct-22-2002  
To Whom it May Concern,

In regards to our annual Corp. report (UBR), we at Advanced Muffler & Brake Inc. has not received any prior UBR notices until Oct. 21, 2002, stating as of Oct. 4, 2002 our Corp. Advanced Muffler & Brake Inc. was dissolved or revoked.

Following directions by phone & on paper I am sending all required documents & check for (\$150.00) needed to be reinstated.

Thank You -  
Ann Marie Meile