

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000088391**

1. Corporation Name

Speedy Auto Repair, Inc.

2. Principal Office Address - No P.O. Box #
10623 Land O' Lakes

3. Mailing Office Address
4701 Victoria Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

Zip

34638-6015

Country

Pasco

Zip

34639

Country

Pasco

7. Name and Address of Current Registered Agent

Name

Edward C. Mills

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

4701 Victoria Road

Suite, Apt. #, Etc.

City

Land O' Lakes

State

FL

Zip Code

34639

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

Date

REGISTERED AGENT MUST SIGN

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
Pre	Sherry Mills	4701 Victoria Road	Land O' Lakes, FL 34639

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 contained in Chapter 119, 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

Date

Daytime Phone #

FILED

07 OCT 29 AM 10:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

300111463023
10/29/07--01067--004 **150.00
10/12/07 61075 001 \$150.00

REINSTATEMENT **06-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

09/18/00

5. FEI Number

59-3670321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.