

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000016071

1. Corporation Name

436 Transmission Of Orlando, Inc.

2. Principal Office Address

948 N. Semoran Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

948 N. Semoran Blvd.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32807

Country

USA

Zip

32807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/01

5. FEI Number

59-3704143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher Cathcart

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

210 N. Wymore Road

Suite, Apt. #, Etc.

City

Winter Park,

State
FL

Zip Code

32789

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

Chris Cathcart

Date

12/10/02

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
P/S/T/D	Spiniolas, Anita	7815 S. Hwy 17/92	Casselberry, Florida 32730

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)(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:

Anita Spiniolas

Anita Spiniolas

12/10/02

407-832-0677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

12/13

436 Transmission of Orlando, Inc.
948 N. Semoran Blvd.
Orlando, Florida 32807
407-380-6500

Division of Corporations
(Reinstatement Department)
409 East Gaines Street
Tallahassee, Florida 32399

December 10, 2002

Please be advised that apparently we have the incorrect address on file and thus causing our corporation unable to receive our annual report (UBR).

Per our telephone conversation with Michelle from your office she explained that we could type a letter explaining our situation and ask that we may have any penalties waved.

This was an oversight on our part when we changed our information and registered agent back on August of 2001. The corrected address is now on the new (UBR) report.

We apologize for this mishap and hope that the state will see fit to wave the late filing fees.

Thank you,

A handwritten signature in cursive script, appearing to read "Anita Spiniolas".

Anita Spiniolas
President