

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 31 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000025713**

1. Corporation Name

FRANK'S AUTO AIR MUFFLER & BRAKE CITY, INC

2. Principal Office Address

5515 S DALE MABRY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3699292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

04/22/02 90531 035 150

7. Name and Address of Current Registered Agent

Name

DENISE SAVINO

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

3606 W KENNEDY

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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

Denise Savino

REGISTERED AGENT MUST SIGN

Date

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
DP	WILLIAM BALL SS	5515 S DALE MABRY	TAMPA FL

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:

William Ball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

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FRANK'S AUTO AIR MUFFLER & BRAKE CITY, INC.
5515 S DALE MABRY HWY
TAMPA, FL 33616

December 30, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: P 01000025713

Gentlemen:

Per our conversation of today, please find enclosed the letter sent to my accountant regarding the renewal for the corporation for the year 2002.

I originally sent in the annual business report on January 11, 2002 with the fee of \$150.00 enclosed with the form. This was timely filed.

I never received any more notices from the state regarding needing additional information on the form. Evidently from the letter attached you needed my Federal Identification Number.

My Federal Identification Number is 59-3699292.

If I had received the additional information needed letter from you I would have promptly responded, as evidenced by my more than timely filing of the annual business report.

Please remove the additional amount due of \$600.00 as it was clearly a communication error.

Sincerely,

William Ball

William Ball