

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 19 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063102

1. Corporation Name

HI TECH TRANSMISSION, AUTO & TRUCK REPAIRS, INC.

Principal Place of Business

1006 PONELLA ROAD
NORTH FT. MYERS FL 33903

Mailing Address

1006 PONELLA ROAD
NORTH FT. MYERS FL 33903

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

06/26/2001

5. FEI Number

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
DP	CRIOLLO, MANUEL J	1715 SE 8 AVE	CAPE CORAL FL 33900
DV	CRIOLLO, MANUEL N	137 SE 12 PL	CAPE CORAL FL 33900
DT	CRIOLLO, MARIA	1715 SE 8 AVE	CAPE CORAL FL 33900
DS	CRIOLLO, DOLORES	137 SE 12 PL	CAPE CORAL FL 33900

8. Name and Address of Current Registered Agent

~~SKERRETT, RICARDO~~
~~328 CAPE CORAL PKWY W #2~~
~~CAPE CORAL FL 33914~~

9. Name and Address of New Registered Agent

Name

Manuel J Criollo

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

1715 S.E. 8 Ave

Suite, Apt. #, Etc.

Cape Coral FL 33900

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] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/26/02

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/02

Date

Daytime Phone #

CR2E040 (8/02)

Attachment

PO10000063102

HI-TECH TRANSMISSION AUTO & TRUCK REPAIR, INC

NOVEMBER 26,2002

Please wave all late fee's, as you can see the check for \$150:00
was cashed March 25,2001.

Only the registered agent forgot to signn the form.

Thank you,