

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078403

1. Corporation Name

MOBILE LUBE TECHS, INC.

Principal Place of Business

Mailing Address

1010 S.W. 87TH CT.  
MIAMI FL 33174

1010 S.W. 87TH CT.  
MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

651135282

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
PVST	HERVIS, RICHARD JR.	1010 S.W. 87TH CT.	MIAMI FL 33174
D	HERVIS, RICHARD JR.	1010 S.W. 87TH CT.	MIAMI FL 33174

00000000000000000000  
10/30/02--01044--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERVIS, RICHARD JR.  
1010 S.W. 87TH CT.  
MIAMI FL 33174

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

10/28/02

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

Daytime Phone #

10/28/02

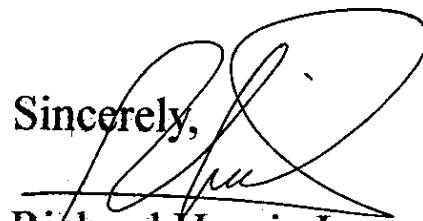
CR2E040 (8/02)

Mobile Lube Techs, Inc  
256 N.W. 64 Ave.  
Miami, Fla. 33144  
305-979-6457

Oct. 28, 2002

In regards to the notice of administrative dissolution or revocation, I wasn't aware of any uniform business report that had to be completed for the year 2002. I did not receive any notice to do so. Please waive any fees this may cause.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Hervis Jr.', written over a horizontal line.

Richard Hervis Jr.  
Mobile Lube Techs, Inc.