

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086180

1. Corporation Name

UNITED TRANSMISSIONS AND AUTO REPAIRS, INC.

1008 16th South St Pet FL 33705

Principal Place of Business

Mailing Address

6201 HILLSIDE AVE
SEMINOLE FL 33772

6201 HILLSIDE AVE
SEMINOLE FL 33772

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33705

Country
Pinellas

Zip
33705

Country
Pinellas

REINSTATEMENT 03



100023881391
10/17/03--01030--002 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

59-3749399

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SEENAUGHT, WINSTON	6201 HILLSIDE AVE	SEMINOLE FL 33772

8. Name and Address of Current Registered Agent

SEENAUGHT, WINSTON
6201 HILLSIDE AVE
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's 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

Winston Seenaught
REGISTERED AGENT MUST SIGN

Date

11-5-03

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:

Winston Seenaught
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/03

Daytime Phone #

(727)
896 3850

CR2E040 (7/03)

**United Transmission & Repairs, Inc.
1008 16th Street S.
St. Petersburg, Florida 33705**

November 5, 2003

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

The corporation did not receive it's 2003 Uniform Business Report and therefore is requesting reinstatement. Application for reinstatement is attached.

Sincerely,

A handwritten signature in cursive script that reads "Winston Seenaught". The signature is written in black ink and is positioned below the word "Sincerely,".

**Winston Seenaught, President,
Registered Agent.**