

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -3 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 001006091059

1. Corporation Name

Auto Shop Car Care, Inc

200009319472  
12/03/02--01051--015 \*\*150.00

2. Principal Office Address

2512 Buttonwood Dr.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32216

Country

USA

3. Mailing Office Address

4375-4 Southside Blvd.

Suite, Apt. #, etc.

Unit 169

City & State

Jacksonville FL

Zip

32216

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/14/01  
9/14/2001

5. FEI Number

59-3746930

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

William P. LaPietra

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

2512 Buttonwood Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

W P LaPietra

REGISTERED AGENT MUST SIGN

Date

11/26/02

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
Pres	William P. LaPietra	2512 Buttonwood Dr.	Jacksonville FL 32216

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:

W P LaPietra William P. LaPietra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02

Daytime Phone #

CR21081 (9/01)

gs 12/5

To: Florida Department of Corporations

Nov. 26, 2002

From: Bill LaPietra, President, Auto Shop Car Care, Inc.

Whom it may concern.

I, William P. LaPietra, President of Auto Shop Car Care, Inc, am requesting that this corporation be reinstated for the year 2002.

I am also respectfully requesting that the reinstatement fee be waived as I did not receive the uniform business report.

I was the investing and managing partner. I funded the corporation and took care of filings such as the incorporation.

The Corporation is no longer in operation owing to the negligence of a Mr. Charlie Wilson, General Manager and Vice President. Mr. Wilson ran afoul of the law, served time in Jail forcing the closure of the business. For that reason Mr. Wilson is no longer an officer in the business. I am 100% shareholder and sole officer at this time.

As the business is no longer in operation I have used my home address.

The Address was formerly 2538 Phillips Hwy, Jacksonville, FL, 32256.

I would like the corporation reinstated for the year 2002 to facilitate the closure and finalization of Auto Shop Car Care, Inc. This has caused me great financial hardship. I am in the process of paying all back taxes and fees due the State of Florida and would ask for your help in this matter.

I have included a check for. \$150.00.

Thanking you for your kind assistance I remain,

Sincerely,



William P. LaPietra  
2512 Buttonwood Dr.  
Jacksonville FL.  
32216  
904-477-8480