

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P01000115657

1. Corporation Name

Automotive Service & Performance, Inc.

2. Principal Office Address

4865 Capital Circle, SW

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 398

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Eastpoint FL

Zip

32305

Country

Leon

Zip

32328

Country

Franklin

4. Date Incorporated or Qualified  
To Do Business in Florida

12-05-2001

5. FEI Number

30-0016876

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

Tammy L. Edwards

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

798 Highway 98, W

Suite, Apt. #, Etc.

City

Eastpoint

State  
FL

Zip Code

32328

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

Tammy L. Edwards

REGISTERED AGENT MUST SIGN

Date 11-20-02

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.	Shawn C. Castle	10424 Merribrook Lane	Tallahassee, FL 32312
V-Pres	Bobby G. Edwards	P.O. Box 398	Eastpoint, FL 32328
Treas.	Tammy L. Edwards	P.O. Box 398	Eastpoint, FL 32328
Sec.	Stacey J. Castle	10424 Merribrook Lane	Tallahassee FL 32312

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:

Tammy L. Edwards

Tammy L. Edwards

11-20-02

Date

850-651-1508

Daytime Phone #

CR2E081 (9/01)

js 11/2



Automotive  
Service  
And  
Performance, Inc.

*Automotive Service You Can Trust*

4865 Capital Circle, S. W., Tallahassee, Florida 32305

November 20, 2002

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

RE: Corporation Reinstatement Request

Dear Sirs:

Enclosed is the completed application for Corporation Reinstatement form and our check in the amount of \$158.75.

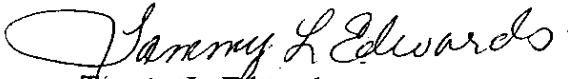
We respectfully request that the late fee of \$600.00 be waived as explained below:

- o We found out from our lawyer that our corporation had been dissolved because we never filed the application to renew our Corporation active status. In thinking back, we realized that we never received the appropriate forms because the mailing address was incorrect.
- o This is the Officers' first experience in operating a corporation in Florida. Therefore, we were ignorant in the knowledge of maintaining an active corporation status.

Please let us know if the late fee of \$600.00 will not be waived. We will gladly mail you a check for the late fee.

Your expeditious handling in this matter would be greatly appreciated. We look forward to hearing from you soon.

Sincerely yours,

  
Tammy L. Edwards  
Treasurer

Enclosures