

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121119

1. Corporation Name

A-1 TRANSMISSIONS AND AUTO REPAIR, INC.

Principal Place of Business

520 RIDGEWOOD AVENUE
HOLY HILL FL 32117

Mailing Address

520 RIDGEWOOD AVENUE
HOLY HILL FL 32117

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

12/21/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

75-3052162

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PSTD	MILES, JOSEPH	520 RIDGEWOOD AVENUE	HOLY HILL FL 32117

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02/24/03--01060--006 **308..75

8. Name and Address of Current Registered Agent

MILES, JOSEPH
520 RIDGEWOOD AVENUE
HOLY HILL FL 32117

9. Name and Address of New Registered Agent

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 11-15-02

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

11-15-02 786239
8282
Date Daytime Phone #

CR2E040 (8/02)

A1 Transmission and Auto Repair Inc.
520 Ridgewood Ave.
Holly Hill, FL 32117
386 / 239-8282

Re: Reinstatement

Please be advised that we did not receive the 2 prior uniform business report (UBR)
Notices. Enclosed please find a check for 300.00 (150 per year) and 8.75 for certificate of status.

Thank You

Joseph Miles
(president)