

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 11: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800054353938  
05/13/05--01010--001 \*\*1050.00

**REINSTATEMENT** 03-05

DOCUMENT # P02000040082

1. Corporation Name

ALL FLORIDA LIFT & LUBE, INC.

2. Principal Office Address

861 33RD CT S.W

Suite, Apt. #, etc.

3. Mailing Office Address

861 33RD COURT S.W

Suite, Apt. #, etc.

City & State

VERO BEACH, FLORIDA

City & State

VERO BEACH, FLORIDA

Zip

32968

Country

USA

Zip

32968

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-12-02

5. FEI Number

82-0540559

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

DUBE, WALTER

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

861 33RD COURT S.W.

Suite, Apt. #, Etc.

N/A

City

VERO BEACH

State

FL

Zip Code

32968

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 772-770-4400

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
<u>PTS</u>	<u>BANGLE, RICHARD L.</u>	<u>861 33RD COURT S.W</u>	<u>VERO BEACH FL 32968</u>

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.2.05

Date

772-770-4400

Daytime Phone #

CR2E081 (01/05)

5/11/05