

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
FILED

06 MAR -1 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000058635

1. Corporation Name

Prospect Muffler, Inc.

2. Principal Office Address

6731 NW 26 TERRACE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

3. Mailing Office Address

6731 NW 26 TERRACE

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

**REINSTATEMENT** 04-06 *Doc*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5-28-02

5. FEI Number

620621095

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 Patrick Cone

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

6731 NW 26 TERRACE

Suite, Apt. #, Etc.

City

Fort Lauderdale.

State

FL

Zip Code

33309

700068109837

03/20/06--01024--020 \*\*1038.75

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

*William Cone*

Date

2-15-06

REGISTERED AGENT MUST SIGN

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
D	William P. Cone	6731 NW 26 TERRACE	Ft. Lauderdale, FL 33309

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 contained in Chapter 119, 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:

*William Cone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

Date

Daytime Phone #

954-9740940