

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 13 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 02000070242*

1. Corporation Name

TRUE WRENCH AUTOMOTIVE, Inc

200041005562
09/13/04--01050--002 **150.00

2. Principal Office Address

1040 NW 15th STREET

3. Mailing Office Address

1040 NW 15th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach FL

City & State

Riviera Beach FL

Zip

33404

Country

Zip

33404

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-4207117

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

CHARLES SCHER

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

7700 CONGRESS AVE

Suite, Apt. #, Etc.

Suite 1105

City

BOCA RATON

State

FL

Zip Code

33487

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 *9-2-04*

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	Coleman, Ronnie A	1040 NW 15th STREET	Riviera Beach, FL 33404

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-2-04

Daytime Phone #

561-842-8401

CR2001 (01/04)

True Wrench Automotive, INC.

1040 NW 15th Street
Riviera Beach, FL 33404

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

Dear Sir:

Re: True Wrench Automotive, Inc. P 02000070242

The registered agent for the above corporation changed his address in January 2004. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2004 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Ronnie Coleman
President