

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BEST TRANSMISSION REPAIR

002000110657

2. Principal Office Address

1765 COMMERCIAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

1765 COMMERCIAL DR

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34112

Country

COLLIER

Zip

34101

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

07-20-2002

5. FEI Number

75-3083216

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

MARTIN WALSH

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

1765 COMMERCIAL DR

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code
34112

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

4/25/2005

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	MARTIN WALSH	1765 COMMERCIAL DR	NAPLES, FL 34112

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

4/25/2005

Daytime Phone #

CR2001 (10/02)

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