

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002615

1. Corporation Name

MIKE'S REPAIR, INC.

Principal Place of Business

1568 SADDLE COURT
PALM HARBOR FL 34683

Mailing Address

1568 SADDLE COURT
PALM HARBOR FL 34683

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2002

5. FEI Number

81-0591448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHRIEBMAN, MICHAEL	1568 SADDLE COURT	PALM HARBOR FL 34683

8. Name and Address of Current Registered Agent

SCHRIEBMAN, MICHAEL
1568 SADDLE COURT
PALM HARBOR FL 34683

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

Date

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 15, 2003

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

Re: Mike's Repair, Inc.
1568 Saddle Court
Palm Harbor, FL 34683

To Whom It May Concern:

I did not receive a notice regarding the 2003 Uniform Business Report purportedly mailed earlier this year. This may have been due to my incorporation date of December 31, 2002. Therefore I am asking the penalty fee be abated.

Enclosed is a check in the amount of \$150.00 for the 2003 report.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Schriebman", with a long horizontal flourish extending to the right.

Michael Schriebman