

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W08000005515

DOCUMENT # P03000068955

1. Corporation Name

A-D Clutch, And Repair, Inc.

2. Principal Office Address - No P.O. Box #

2049 Towles Street

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33916

Country

Lee

3. Mailing Office Address

2049 Towles Street

Suite, Apt. #, etc.

City & State

Fort Myers

Zip

33916

Country

Lee

7. Name and Address of Current Registered Agent

Name

Goff, Mary A

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

800 Felix Avenue N

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

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

Date

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
DP	Goff, Mary A	800 Felix Avenue N	Lehigh Acres, FL 33971
DS	Nixon, Debra	800 Felix Avenue N	Lehigh Acres, FL 33971

RH

REINSTATEMENT

1-08

200116578612
02/25/08--01034--014 **159.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 FEB 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200116578612
01/31/08--01035--001 **150.00

CR2E081 (12/07)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

06-19-2003

5. FEI Number
06-1693563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.