

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JAN 14 PM 3:03

DOCUMENT # **P03000072361**

1. Corporation Name  
**Scott's Transmissions Unlimited Inc.**

2. Principal Office Address - No P.O. Box #  
**3262 Shawnee Ave**  
Suite, Apt. #, etc.  
**Bays 5 & 6**  
City & State  
**West Palm Beach FL**  
Zip  
**33409** Country **USA**

3. Mailing Office Address  
**3262 Shawnee Ave**  
Suite, Apt. #, etc.  
**Bays 5 & 6**  
City & State  
**West Palm Beach, FL**  
Zip  
**33409** Country **USA**

**800166204708**  
01/14/10--01044--009 \*\*750.00  
**REINSTATEMENT**  
CR2E081 (11/09) **02-10**  
4. Date Incorporated or Qualified To Do Business in Florida **6/23/03**  
5. FEI Number **870701447**  
☐ 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  
**Scott Mc Donald**  
Street Address (P.O. Box Number is Not Acceptable)  
**2617 NoKomis Ave**  
Suite, Apt. #, Etc.  
City  
**West Palm Beach** State **FL** Zip Code **33409**

☒ 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.

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 **Scott Mc Donald** Date **1/10/2010**  
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	Mary Holbert	2312 Fairway Dr.	W.P.B, FL 33409
D	William Schwenger	2727 Westgate Ave	W.P.B, FL 33409
D	Keith Kraft	2727 Westgate Ave	W.P.B, FL 33409
D	MICHAEL MATTALIANO	13883 47 <sup>th</sup> CT N.	R.P.BEL. 33411
T	Robert Storey	3949 47 <sup>th</sup> Way S	Lake Worth FL 33461
M	Scott Mc Donald	3262 Shawnee Ave	W.P.B, FL 33409

10. E-mail Address: **WANTPARTS@Live.Com**  
(To be used for future annual report notification)

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, I further certify, 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: **Scott Mc Donald** Date **1/10/10** 561-688-6451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #