

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT 13 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078697

1. Corporation Name

Jon's Quality Mobil Auto & Truck Repair, Inc.

REINSTATEMENT 08-09

300161647483
10/13/09--01033--007 **300.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
1109 S. Congress Ave

3. Mailing Office Address
1109 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip Country
33406 US

Zip Country
33406 US

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/2003

5. FEI Number

16-1676497

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
John Yeend

Street Address (P.O. Box Number is Not Acceptable)
1109 S. Congress Ave

Suite, Apt. #, Etc.

City
West Palm Beach

State Zip Code
FL 33406

☒ 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 John Yeend

Date 10/8/09

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
PSD	Gilbert J. Carlson	1109 S. Congress Ave	West Palm Beach, FL 33406

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:

Gilbert J. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/09
Date

361-642-4200
Daytime Phone #