

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000109461

1. Corporation Name

Steve's Auto Shoppe, Inc.

300093744603
03/19/07--01051--020 **450.00

CR2E081 (1/07)

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

305 Tamiami Trail

3. Mailing Office Address

305 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33950

Country

USA

Zip

33950

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/06/2003

5. FEI Number

52-2402616

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

Steven J. Feineigle

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

1109 Marlin Drive

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-5-07

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
P	Steven J. Feineigle	1109 Marlin Drive	Punta Gorda, FL 33950
VP	Joseph F. Campbell	16251 N. Cleveland Ave Suite 7	N. Fort Myers, FL 33903

REINSTATEMENT 05-07

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-07

Daytime Phone #

941-505-7467