

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 16 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000073706

1. Corporation Name

C.G. O'Reilly's Inc.

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

1633 Torino Street

Suite, Apt. #, etc.

City & State

North Port, FL

Zip

34287

Country

Sarasota

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800129678268  
05/16/08 01024-015 \*\*600.00  
REINSTATEMENT  
GR2E081 (12/07) 05-38

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/04

5. FEI Number

20-0730743

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

Deborah E Kuehhas

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

1633 Torino Street

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

☒ 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

*Deborah E Kuehhas*

REGISTERED AGENT MUST SIGN

Date May 12, 2008

**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
President	Deborah E Kuehhas	1633 Torino Street	North Port, FL 34287
Vice President	Kenneth J Kuehhas	1633 Torino Street	North Port, FL 34287

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:

*Deborah E Kuehhas* Deborah E Kuehhas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 2008 941-426-3193

Date

Daytime Phone #

President

MAY 16 2008