

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.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip

34287

Country

Sarasota

Zip

Country

800129678268

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

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

President

May 12, 2008 941-426-3193

Date

Daytime Phone #

MAY 16 2008