

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN -8 AM 9:29

DOCUMENT # P05000120812

1. Corporation Name

North 34th Street Auto Repair, INC

100181831441  
06/08/10--01027--002 \*\*1000.00

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

3007 N 34th St

3. Mailing Office Address

3007 N 34th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33605

Country

Hillsborough

Zip

33605

Country

Hillsborough

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/2005

5. FEI Number

06-1769661

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

100181831441  
06/08/10--01027--003 \*\*58.75

7. Name and Address of Current Registered Agent

Name

Alexander F Buchanan

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

3007 N 34 St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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

Date 06/07/2010

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	Buchanan Alexander D	8213 Laguna Lane	Tampa FL 33619
D	Buchanan Alexander F	8213 Laguna Lane	Tampa FL 33619

REINSTA

B 6/9/10  
v 106-10

10. E-mail Address:

(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:

Alexander F Buchanan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR 06/07/2010 -813-610-0849

Date

Daytime Phone #