


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR -1 PM 2:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000020026

1. Corporation Name
Tim's Auto Service Inc

2. Principal Office Address - No P.O. Box # <u>5615 LAWTON DR</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>SARASOTA FL 34233</u>		City & State	
Zip <u>34233</u>	Country <u>SARASOTA</u>	Zip <u>34233</u>	Country

200171175712
03/04/10--01002--025 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 61-1460293

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name KRAVIC, John

Street Address (P.O. Box Number is Not Acceptable)
5615 LAWTON DR

Suite, Apt. #, Etc.

City SARASOTA State FL Zip Code 34233

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 Kravic Date 3/1/10

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
<u>Pres</u>	<u>JOHN KRAVIC</u>	<u>1825 TWILICE LN</u>	<u>SARASOTA FL 34235</u>
<u>Vice Pres</u>	<u>JOHN KRAVIC</u>	<u>1121 TWILICE LN</u>	<u>SARASOTA FL 34235</u>

200171175712
04/01/10--01046--001 **158.75

M. MILLIGAN EXAMINER

10. E-mail Address: _____ (To be used for future annual report notification)

APR 2 2010

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: John Kravic JOHN KRAVIC Date 3/1/10 941-276-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR