

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000027603

1. Corporation Name

Florida Auto Transmission Service & General Mech-
anics Inc.

2. Principal Office Address - No P.O. Box #
2400 Ave G NW

3. Mailing Office Address
2400 Ave G NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Haven FL

City & State
Winter Haven FL

Zip Country
33880 Polk

Zip Country
33880 Polk

4. Date Incorporated or Qualified
To Do Business in Florida 03/01/07

5. FEI Number
20-8561438

☐ 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
Sean C Mohamed

Street Address (P.O. Box Number is Not Acceptable)
104 Vista View Ave

Suite, Apt. #, Etc.

City
Winter Haven

State Zip Code
FL 33839

☒ 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 _____

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	Sean C Mohamed	104 Vista View Ave	Winter Haven FL 33839
D	Hussain Mohamed	104 Vista View Ave	Winter Haven FL 33839

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]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #