

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 17 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P930000 11541*

1. Corporation Name

East Bay Lube Inc.

2. Principal Office Address

141 Bayside Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Clearwater

City & State

FL

Zip

33767

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

*REINSTATE w/o penalty
COP 5/17*

7. Name and Address of Current Registered Agent

Name

Cynthia Oskarsson

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

141 Bayside Dr

Suite, Apt. #, Etc.

City

Clearwater

800074772788

*05/17/06 01047-011 **450.00*

State

FL

Zip Code

33767

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

REGISTERED AGENT MUST SIGN

Date

5/8/06

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
<i>Pres</i>	<i>Cynthia Oskarsson</i>	<i>141 Bayside Dr.</i>	<i>Clearwater, FL 33767</i>
<i>V Pres</i>	<i>Leif Oskarsson</i>	<i>141 Bayside Dr.</i>	<i>Clearwater, FL 33767</i>

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:

Cynthia Oskarsson *5/8/06* *727-462-0132*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #