

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 02 DEC 3 11 AM '02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026137**

1. Corporation Name

**PAUL'S AUTO AND TRUCK REPAIR INC.**

Principal Place of Business

Mailing Address

1919 W FIRST ST  
 SANFORD FL 32771

1919 W FIRST ST  
 SANFORD FL 32771



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/05/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3177423	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LANZA, PAUL	2737 THORNBERRY CT	DELTONA FL 32738
PD	LANZIA PAUL	2321 G N.Y. AVE	DELAND FL 32724

700009529067  
 12/16/02--01101--006 \*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LANZA, PAUL 1919 W FIRST ST SANFORD FL 32771		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN

Date: 12-9-2002

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/26/02 Daytime Phone #: 707-321-9482

CR2E040 (8/02)