

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000042834

1. Corporation Name

BROTHERS AUTO WORKS, INC

Principal Place of Business

Mailing Address

2900 NESSEY AVE

PAIM BAY, FL 32905

REINSTATEMENT 9600

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-318-8490
15-16-007156-26

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

SALES Additional Fees Estimated
For 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	CHRISTOPHER J TUOZZO	7130 CITRUS AVE	WINTER PARK, FL 32922
V.P.	JOSEPH A. TUOZZO SR.	405 HOLY AIA	SATELLITE BEACH, FL 32937

100002047991--6
-01/07/97--01076--005
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERRY & ASSOCIATES ACCOUNTANTS, INC
LOBI LAIPE CENTER
1301 SOUTH PATRICK DRIVE, #60
SATELLITE BEACH, FL 32937

Name CHRISTOPHER J TUOZZO
Street Address (P.O. Box Number is Not Acceptable)
7130 CITRUS AVE
Suite, Apt. #, Etc.
WINTER PARK, FL
City
FL Zip Code
32992

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/19/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

CHRISTOPHER J TUOZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96
Date

(409) 823-3789
Daytime Phone #