

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P03000042834</u>		FILED <u>97 JAN -2 PM 12: 28</u> SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Corporation Name <u>Brothers Auto Works, Inc</u> <small>Principal Place of Business</small>		<small>Mailing Address</small> <u>2900 NESSEY AVE</u> <u>Palm Bay, FL 32905</u>	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable <small>Suite, Apt. #, etc.</small>		3. New Mailing Address, If Applicable <small>Suite, Apt. #, etc.</small>	
4. Date Incorporated or Qualified <small>To Do Business in Florida</small>		5. FEI Number <u>59-318-8460</u> <input checked="" type="checkbox"/> Applied For <u>15-16-067156-26</u> <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 for Additional Filing Required Florida Department of State 100002047991-01/07/97-01076-005 *****375.00 *****375.00</small>			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers <small>and/or Directors</small> <u>PRES. Christopher J Tuozzo</u>	Street Address of Each <small>Officer and/or Director</small> <u>7130 CITRUS AVE</u> <small>(Do NOT Use Post Office Box Numbers)</small>	City / State / Zip <u>Winter Park, FL 32792</u>
V.P 2	<u>Joseph A. Tuozzo SR.</u>	<u>405 HLY AIA</u>	<u>SATELLITE BEACH, FL 32937</u>
		<u>100002047991-01/07/97-01076-005 *****375.00 *****375.00</u>	
8. Name and Address of Current Registered Agent <small>BERRY & ASSOCIATES ACCOUNTANTS, INC</small> <small>LORI LAIIG CENTER</small> <small>1301 SOUTH PATRICK DR., #60</small> <small>SATELLITE BEACH, FL 32937</small>			
9. Name and Address of New Registered Agent <small>Name</small> <u>Christopher J Tuozzo</u> <small>Street Address (P.O. Box Number Is Not Acceptable)</small> <u>7130 CITRUS AVE</u> <small>Suite, Apt. #, Etc.</small> <u>Winter Park, FL</u>		<small>City</small> <u>FL</u> <small>Zip Code</small> <u>32792</u>	
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. <small>Signature of Registered Agent</small>		<small>Date</small> <u>10/19/96</u>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>(See other side for information on intangible tax.)</small>			
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 Statute. 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: <u>Christopher J Tuozzo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>11/22/96</u> <u>(407) 823-3989</u> <small>Date</small> <small>Daytime Phone #</small>	