

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 19 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053121

1. Corporation Name

RONDO'S TEN MINUTE OIL CHANGE, INC.

Principal Place of Business

Mailing Address

1417 CLAY AVE.  
PANAMA CITY FL 32401  
US

8517 SURF DRIVE  
SUITE 202  
PANAMA CITY BEACH FL 32408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/28/1993

Suite, Apt. #, etc.

1509 OHIO AVE

Suite, Apt. #, etc.

6507 PALM COURT

City & State

LYNN HAVEN, FL

City & State

PANAMA CITY BEACH, FL

Zip 32444

Country US

Zip 32408

Country US

5. FEI Number

59-3201680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HANSON, RONALD L II	8517 SURF DR., NO. 202 6507 PALM COURT	PANAMA CITY BEACH FL 32408
			400003782424--6 -02/27/01--01061--011 ***1058.75 ***1058.75
			REINSTATEMENT 99-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HANSON, RONALD L II  
8517 SURF DRIVE  
#202  
PANAMA CITY BEACH FL 32408

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Ronald L. Hansen II*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/26/01

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)(i), 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:

*Ronald L. Hansen II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RONALD L. HANSEN II

Date

Daytime Phone #

CR2ED40 (8/99)