

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 204000003556

1. Corporation Name

Engines Unlimited, Inc.

Principal Place of Business

1001 SE 12th Court
Cape Coral, FL
33990

Mailing Address

1001 S.E. 12th Court
Cape Coral, FL
33990

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

2. New Principal Office Address, If Applicable

1305 Everest Parkway
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1305 Everest Parkway
Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/94

5. FEI Number

65-0958306

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)

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
P, D	Sharlene K. Kreitsch	1305 Everest Parkway	Cape Coral, FL 33904

~~580802183965-4~~
~~-05/19/97--01186--003~~
~~****923.75 ****923.75~~

JB 5-15-97

8. Name and Address of Current Registered Agent

unknown

9. Name and Address of New Registered Agent

Name

Ty G. Roland

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

1714 Cape Coral Parkway East

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/9/97

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 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:

Sharlene Kreitsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARLENE K. KREITSCH

5-9-97 (941) 772-1610

Date

Daytime Phone #

CR2E040 (12/96)