OCT. 5. 2006 2:48PM C S C NO. 568 P. 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
H06000245297 3
06 OCT -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023532

1. Corporation Name
CHECKERED FLAG AUTO REPAIR, INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 131 SW 3RD PL | 131 SW 3RD PL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: CAPE CORAL, FL | City & State: CAPE CORAL, FL |
| Zip: 33991 Country: USA | Zip: 33991 Country: USA |

**REINSTATEMENT** CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 3/23/94

5. FEI Number: 65-0472296 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NICHOLAS HEMPFLING

Street Address (P.O. Box Number is not acceptable): 316 NW 38TH PL

Suite, Apt. #, Etc.:

City: CAPE CORAL State: FL Zip Code: 33993

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 10-5-06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director. Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| P,T,D | NICHOLAS HEMPFLING | 316 NW 38TH PL | CAPE CORAL, FL 33993 |
| | | | |
| | | | |
| | | | |
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| | | | |

10. I certify that I am an officer or director of 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 this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] PRES. 10-5-06 239-574-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NICHOLAS M. HEMPFLING, PRESIDENT

H06000245297 3

K. Eckel OCT - 5 2006

2 | 2

# Florida Department of State
Division of Corporations
Public Access System

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P94000k235 32

Susie Knight ext 2856

## CORPORATION REINSTATEMENT

### CHECKERED FLAG AUTO REPAIR, INC.

| | |
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