

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000038871

1. Corporation Name

Brandon Transmissions, Inc.

2. Principal Office Address

168 W. Robertson St.

3. Mailing Office Address

168 W. Robertson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1994

5. EEL Number

59-3245127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Ronald L. Glass

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

168 W. Robertson St.

Suite, Apt. #, Etc.

City

Brandon, FL

State

FL

Zip Code

33511

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

REGISTERED AGENT MUST SIGN

Date

10/20/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Ronald L. Glass	168 W. Robertson St.	Brandon, FL 33511

REINSTATEMENT 05-08

10. 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 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:

Ronald L. Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/06

Daytime Phone #

813748-1768

282

HOLCOMB & MAYTS, P.L.

Attorneys And Counselors at Law
201 N. ARMENIA AVE.
TAMPA, FLORIDA 33609
Phone: (813) 258-5835
Fax: (813) 258-5124

VICTOR W. HOLCOMB
ANDREW J. MAYTS, JR.
BRIAN A. LEUNG

October 24, 2006

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Brandon Transmissions, LLC

To Whom It May Concern:

Enclosed herewith please find the original Corporation Reinstatement form for the above referenced entity, together with a check in the amount of \$300.00 representing the filing fee. Please be advised that the corporation never received the annual report notice in 2005 and the accountant that was responsible for the corporate records passed away. Therefore we were unaware that the corporation was administratively dissolved. We are requesting that the reinstatement fee be waived.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

HOLCOMB & MAYTS, P.L.


Victor W. Holcomb

VWH/nml
Enclosures