


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # **P950000014023**

1. Corporation Name

Sun Coast Wheel and Brake, Inc.

2. Principal Office Address

4971 110th AVE. N.

Suite, Apt. #, etc.

UNIT A

City & State

CLERWATER, FL.

Zip

33760

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida

2-20-95

5. FEI Number

59-3300169

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

T. HONN B. BALKENHOL

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

11340 8th ST. EAST

Suite, Apt. #, Etc.

City

TREASURE ISLAND

State

FL

Zip Code

33706

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 **AUG 29, 2001**

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 |
|--------|-----------------------------------|--|--------------------------|
| Pres | T. HONN B. BALKENHOL | 11340 8 th ST. EAST | TREASURE ISLAND FL 33706 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/01

(727) 532-1632

FILED

01 AUG 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (800)