

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 NOV 13 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015277

1. Corporation Name

STEVE'S TRANSMISSIONS, INC.

Principal Place of Business

1350 S. COUNTY RD 427
LONGWOOD FL 32750
US

Mailing Address

1350 S. COUNTY RD 427
LONGWOOD FL 32750
US

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

2. New Principal Office Address, If Applicable

1301 E. AHAMONTE DR.

Suite, Apt. #, etc.
UNIT 105

City & State
AHAMONTE SPRINGS, FL

Zip
32701

3. New Mailing Office Address, If Applicable

1301 E. AHAMONTE DR.

Suite, Apt. #, etc.
UNIT 105

City & State
AHAMONTE SPRINGS, FL

Zip
32701

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1995

5. FEI Number

59-3297119

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
D	SILVERMAN, STEVE	1350 S. COUNTY ROAD 427 - 1301 E. AHAMONTE DR. UNIT 105	LONGWOOD FL AHAMONTE SPRINGS, FL 32701

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

SILVERMAN, STEVE
1350 S COUNTY ROAD 427
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name

SILVERMAN, STEVE

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

1301 E. AHAMONTE DR.

Suite, Apt. #, Etc.

UNIT 105

City

AHAMONTE SPRINGS

State

FL

Zip Code

32701

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

REGISTERED AGENT MUST SIGN

Date

11/7/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Steve SILVERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/97

Date

407-331-3199

Daytime Phone #

CR20040 (8/97)