

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000015277

1. Corporation Name

STEVE'S TRANSMISSIONS, INC.

Principal Place of Business

Mailing Address

1301 E. ALTAMONTE DRIVE
UNIT 105
ALTAMONTE SPRINGS FL 32701
US

1301 E. ALTAMONTE DRIVE
UNIT 105
ALTAMONTE SPRINGS FL 32701
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 DEC 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	SILVERMAN, STEVE	1301 E ALTAMONTE DR, UNIT 105	ALTAMONTE SPRINGS FL 32701
			300003515169--6 12/28/00 01013 013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SILVERMAN, STEVE
1301 E. ALTAMONTE DRIVE
UNIT 105
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-14-00

11. 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-14-00

Daytime Phone #

409 3313199

KE