

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 DEC 21 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 99500003597

1. Corporation Name ONE TIME INC.  
D/B/A TRANSMISSIONS PLUS  
3426 S. MILITARY TRAIL  
LAKE WORTH FL 33463 W99-26348

Principal Place of Business ABOVE

Mailing Address ABOVE

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		4. Date Incorporated or Qualified To Do Business in Florida 4-30-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0579185	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES/ V.P.	GARY HOLMES	131 CORTES AVENUE	ROYAL PALM BEACH FL 33411
SECR/ TREAS	RICHARD JESSELL	374 WESTWOOD CIRCLE	WEST PALM BEACH FL 33411

000003082660--6  
-12/29/99--01025--007  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN B. WADDELL ATTORNEY AT LAW <del>DECEASED 1999</del> HARVEY WADDELL MONAHAN 101 NORTH J STREET LAKE WORTH, FL 33460		Name GARY HOLMES Street Address (P.O. Box Number is Not Acceptable) 131 CORTES AVE Suite, Apt. #, Etc. ROYAL PALM BEACH City State FL Zip Code 33411	
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10. I, \_\_\_\_\_, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Gary Holmes  
REGISTERED AGENT MUST SIGN

Date 11/5/99

11. This corporation owes 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: Gary Holmes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/99 Date  
561-967-8050 Daytime Phone #

KE