PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 SEP 16 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032267

1. Corporation Name
Lube-N-Go of Englewood, Inc.

Principal Place of Business	Mailing Address
3350 Placida Road Grove City, FL 34224	3350 Placida Road Grove City, FL 34224

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

4. Date Incorporated or Qualified To Do Business in Florida: 4/25/95

5. FEI Number: 65-0580681 ☐ 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
P	Earl Schworm	P. O. Box 519 13,000 GASPARILLA Rd.	Placida, FL 33946
VP	Michael E. Schworm	P. O. Box 94	Placida, FL 33946
S	Lavohn Schworm	P. O. Box 519	Placida, FL 33946
T	Kathy Schworm	P. O. Box 94	Placida, FL 33946

200002992212--5
-09/21/99--01029--019
****550.00 ****550.00

8. Name and Address of Current Registered Agent

Lavohn Schworm
13000 Highway 771
Placida, FL 33946

9. Name and Address of New Registered Agent

Name: Earl Schworm 13,000 GASPARILLA Rd.
Street Address (P.O. Box Number is Not Acceptable): P. O. Box 519
Suite, Apt. #, Etc.:
City: Placida State: FL Zip Code: 33946

CR2E081 (12/98)

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: × Earl Schworm (REGISTERED AGENT MUST SIGN) Date: 8/18/99

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: × Earl Schworm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99 Date

941-697-4555 Daytime Phone #