

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195000078577

1. Corporation Name

Beil Repair Service Inc

2. Principal Office Address

2818 Bermuda Ave N

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka Fla.

City & State

Zip

Country

32703

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3354965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Neil J. McKenzie 400018963864

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

2818 Bermuda Ave N.

Suite, Apt. #, Etc.

City

Apopka Fla.

State
FL

Zip Code

32703

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

Neil J. McKenzie

REGISTERED AGENT MUST SIGN

Date 5-6-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D. Pres</u> <u>S. Tr.</u>	<u>Linda L McKenzie</u>	<u>2818 Bermuda Ave N</u>	<u>Apopka Fla. 32703</u>
<u>V.P.</u>	<u>Neil J. McKenzie</u>	<u>2818 Bermuda Ave N.</u>	<u>Apopka Fla. 32703</u>

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:

Linda L. McKenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-03

Date

407-880-0900

Daytime Phone #

21517