

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011486

1. Corporation Name

JOHN SPART'S AUTO REPAIR, INC.

Principal Place of Business

3694 S WESTSHORE BLVD
TAMPA FL 33629

Mailing Address

3694 S WESTSHORE BLVD
TAMPA FL 33629

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

2. New Principal Office Address, If Applicable

4023 S. Westshore Blvd

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4023 S. Westshore Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611

Country

Hillsborough

City & State

Tampa, Florida

Zip

33611

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1996

5. FEI Number

59-3356757

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	4 City / State / Zip
D	SPARTICHINO, JOHN	3694 S WESTSHORE BLVD	TAMPA FL 33629
D	SPARTICHINO, JOHN	4023 S. Westshore Blvd	Tampa, Florida 33611
			200003031712--5
			11/02/93-01018-011
			****758.75 ****758.75
			99 11 TS
			REINSTATEMENT

8. Name and Address of Current Registered Agent

SPARTICHINO, JOHN
3694 S WESTSHORE BLVD
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name JOHN SPARTICHINO
Street Address (P.O. Box Number is Not Acceptable)
4023 S. Westshore Blvd
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33611

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

John Spartichino
REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

John Spartichino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99

Date

Daytime Phone #

CR20340 (8/99)