

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

DOCUMENT # P96000015319

1. Corporation Name

QUICKIE PIT STOP, INC.

Principal Place of Business

1698 CLEARWATER LARGO ROAD
CLEARWATER FL 33756

Mailing Address

1698 CLEARWATER LARGO ROAD
CLEARWATER FL 33756

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1996

5. FEI Number

59-3351030

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	GEORGES, FRANCIA	4826 AGUSTA AVENUE	OLDSMAR FL 34677

300025328413
12/08/03--01068--027 **150.00

8. Name and Address of Current Registered Agent

GEORGES, GEORGOS
1698 CLEARWATER LARGO RD
CLEARWATER FL 33756

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-24-03

CR2E040 (7/03)

12/02/03

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 32314-6327

Dear Sir/Madam:

Enclosed is a check for the 2003 fee in the amount of \$ 150.00. I was relying on my office manager to make certain that all state and federal filings were paid and submitted in a timely manner.

I was shocked when I received the application for reinstatement. I have made changes to make certain that this does not happen in the future. We have always tried to use ordinary business care & procedures. There was never any willful neglect of the law.

Based on the information provided I am requesting that you please waive the reinstatement fee. I apologize for any inconvenience this may have caused. Thank you for your immediate attention into this matter.

Sincerely

Georgos Georges