

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000023152

1. Corporation Name

5-STAR REPAIR SERVICE, INC.

W-91008

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2594 OKLAHOMA STREET  
WEST PALM BEACH FL 33406

Mailing Address  
2594 OKLAHOMA STREET  
WEST PALM BEACH FL 33406



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

03/11/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0658948

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	WHITE, LOUIS A	2594 OKLAHOMA STREET	WEST PALM BEACH FL 33406

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05/21/90-01082-021  
\*\*\*1058.75 \*\*\*1058.75

REINSTATEMENT 98-001 TS

8. Name and Address of Current Registered Agent

FROST, RONALD W  
412 NORTH DIXIE HIGHWAY  
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name

Louis A White

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

2594 Oklahoma Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 4-3-2000

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 561-686-3738  
Date Daytime Phone #