

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000024551

1. Corporation Name

STACEY'S CUSTOM MUFFLER SHOP, CO.

2. Principal Office Address - No P.O. Box #

1114 AND 1118 SHADE AVE

Suite, Apt. #, etc.

BAYS 129 & 131

City & State

SARASOTA, FL

Zip

34237

Country

USA

3. Mailing Office Address

1114 AND 1118 SHADE AVE

Suite, Apt. #, etc.

BAYS 129 & 131

City & State

SARASOTA, FL

Zip

34237

Country

USA

**7. Name and Address of Current Registered Agent**

Name

BOYER, STACEY E

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

1114 AND 1118 SHADE AVE

Suite, Apt. #, Etc.

BAYS 129 & 131

City

SARASOTA, FL

State

FL

Zip Code

34237

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

*Stacey Boyer*

REGISTERED AGENT MUST SIGN

Date

6-23-08

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| D      | BOYER, STACEY E                   | 1114 AND 1118 SHADE AVE                        | SARASOTA, FL 34237 |
|        |                                   | BAYS 129 & 131                                 |                    |
|        |                                   | <i>[Signature]</i>                             |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

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 contained in Chapter 119, 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:

*Stacey Boyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-362-3833

Date

Daytime Phone #

FILED

08 JUN 26 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900131749679  
06/26/08--01035--009 \*\*600.00

REINSTATEMENT

CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified

To Do Business in Florida 03/01/1996

5. FEI Number

65-0654439

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.