

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000026475**

1. Corporation Name

MACLAREN AUTOMOTIVE COMPONENTS, INC.

Principal Place of Business

1705 MAPLE AVE
PANAMA CITY FL 3
US

Mailing Address

1705 MAPLE AVE
PANAMA CITY FL 32405
US

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 **32405 - 6021** 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

03/26/1996

5. FEI Number

59-3370877

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
P	MACLAREN, MICHAEL J	1213 MASS. AVE	LYNN HAVEN FL 32444
T	WEATHERSBY, CHARLES M	2130 TURKEY RUN	LYNN HAVEN FL 32444
S	WEATHERSBY, RONNIE	P.O. BOX 2269	PANAMA CITY FL 32402
			9000003745239--9 -02/21/01--01054--014 ****908.75 ****908.75

REINSTATEMENT **11-01** **78**

8. Name and Address of Current Registered Agent

MACLAREN, MICHAEL JOHN
324 E BEACH DR #304
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

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

1213 Massachusetts Ave

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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 **Dec 11 2000**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 11 2000

Daytime Phone #

850

763-7661

CR2E040 (8/00)