

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 SEP 19 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 97000026414

1. Corporation Name

PHIL'S AUTOCLINIC, INC.

2. Principal Office Address

8263 SO. U.S. HWY. 1

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34952

Country

USA

3. Mailing Office Address

8263 SO. U.S. HWY. 1

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE

Zip

34952

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/98

5. FEI Number

65-0735869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

PHILIP SPARACINO

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

123 NE ROYCE AVE

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34983

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

*Philip Sparacino*

REGISTERED AGENT MUST SIGN

Date

9/18/06

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	PHILIP SPARACINO	123 NE ROYCE AVE	PORT ST. LUCIE FL 34983

300080042823  
09/21/06-01056-006 \*\*300.00

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:

*Philip Sparacino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/06

Date

Daytime Phone #

**WILLIAM G. PEMBROKE, CPA, P.A.**

CERTIFIED PUBLIC ACCOUNTANT



8517 SO. U.S. HIGHWAY 1 • PORT ST. LUCIE, FL 34952 • OFFICE (772) 336-3331 • FAX (772) 336-3733

September 18, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Document No. P97000026414  
Phil's Auto Clinic, Inc.

To Whom It May Concern:

I am the Certified Public Accountant for Philip Sparacino and Phil's Auto Clinic, Inc. Mr. Sparacino never received the postcards to file the Annual Report forms for Phil's Auto Clinic, Inc. for 2005 and 2006.

Enclosed is a check in the amount of \$300 made payable to the Department of State for the Annual Report fees for 2005 and 2006 (\$150 for each year). Also enclosed is a Corporation Reinstatement form for Phil's Auto Clinic, Inc.

We would appreciate your waiving the penalty fees.

Thank you in advance for your prompt attention to this matter.

Sincerely,

William G. Pembroke  
Certified Public Accountant

/np  
Enc.