

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000052890

1. Corporation Name

LIGHTNIN' LUBE OF VENICE, INC.

Principal Place of Business

Mailing Address

915 S TAMiami TRAIL  
VENICE FL 34285

2201 CASTRO COURT  
STE 118  
SARASOTA FL 34232

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1997

5. FEI Number

65-0774574

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HAMILTON, MICHAEL	2201 <del>CANTO</del> COURT STE 118 CANTU	SARASOTA FL 34232
D	HAMILTON, JANA	2201 <del>CANTO</del> COURT STE 118 CANTU	SARASOTA FL 34232

400004717204--0  
-12/10/01--01101--013  
\*\*\*\*150.00 \*\*\*\*150.00

2001 UBR

BK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMILTON, JANA  
2201 ~~CANTO~~ COURT # 118  
SARASOTA FL 34232

CANTU

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.

Signature of  
Registered Agent

*[Signature]*

Date

11/5/01

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

*[Signature]* JANA HAMILTON

Director

Daytime Phone #

378-7000

11/5/01