

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA7000076715

1. Corporation Name

DANNY'S TRANSMISSIONS INC

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

661 SE CL 245

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

Zip

Country

32025 Columbia

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/2/97

5. FEI Number

59-3470416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

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

Name

Ruby Williams

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

661 SE CL 245

Suite, Apt. #, Etc.

City

LAKE CITY FL 32025

State

Zip Code

☒ 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.

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

Ruby Williams

REGISTERED AGENT MUST SIGN

Date 6/12/07

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
P	DANNY WILLIAMS	SAME AS 2	
Sec	Ruby Williams	SAME AS 2	

**REINSTATEMENT**

05-07

300104750333  
06/22/07--01049--005 \*\*450.00

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:

Ruby Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/07

Date

Daytime Phone #