PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR

FILED
99 OCT 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103426

1. Corporation Name

THE GARAGE IN MICANOPY, INC.

Principal Place of Business	Mailing Address
212 CHOLOKKA BLVD MICANOPY FL 32667	201 N MAGNOLIA AVE OCALA FL 34475

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.	445 NE 8TH AVE Suite, Apt. #, etc.
City & State	OCALA, FLORIDA City & State
Zip 32667 Country	Zip 34470-5346 Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/04/1997

5. FEI Number: 59-3484184 APPLIED FOR ☐ 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
D	BARAN, STANLEY JR	PO BOX 9 N/A	OCKLAWAHA FL 32183
D	ATWOOD-LANGSTAFF, MARGO	PO BOX 964 N/A	OCKLAWAHA FL 32183

900003034679--6
-11/04/99--01033--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

AYRES, BENJAMIN H
~~201 N MAGNOLIA AVE~~ 445 NE 8TH AVE
OCALA FL ~~34475~~ 34470-5346

9. Name and Address of New Registered Agent

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 _____ Date _____
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.

KE

SIGNATURE: _____ 25 October 99 352-288-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)

0063288 AF

25 Oct 99

Dear Sirs / Mesdames

The 1st notice was received processed and mailed to you.

Request waiver for late fee.

Please find enclosed check # 1366 for $150.00

Thank you

[redacted]

President

The Garage in Mississauga Inc.

Fla. Doc# P99000103426