

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 30 PM 12:55

DOCUMENT # P98000047297

1. Corporation Name

MICHAEL BRATTON AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

2751 AVALON BLVD.  
MILTON FL 32583

~~2751 AVALON BLVD.~~  
~~MILTON FL 32583~~

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

05/25/1998

5. FEI Number

Applied For

59-3513171

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRATTON, MICHAEL E	5074 SASSER RD.	JAY FL 32585

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRATTON, MICHAEL E  
5074 SASSER RD.  
JAY FL 32585

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 11-17-99

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

MICHAEL E Bratton 11-17-99 850-945-9636

Date

Daytime Phone #

AD

152

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Michael Bratton Automotive Inc.  
2751 Avalon Blvd.  
Milton, Florida 32583

To Whom It May Concern:

Our yearly fee and all papers were mailed to your office in April or May. Today I called and spoke to your office and was informed that question five (FEI Number) was incorrect and returned to us. The check was cashed by your department we never heard from your department so assumed everything was fine. We request you reinstate us with no additional fees and fees be waived.

Thanks for your prompt attention to this matter.

George Brewer



Corporate Comptroller