


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # P98000083572

1. Corporation Name

**DON DUNN'S WE CAN FIX ANY CAR, INC.**

Principal Place of Business

301 E. OAK RIDGE ROAD  
ORLANDO FL 32809  
US

Mailing Address

301 E. OAK RIDGE ROAD  
ORLANDO FL 32809  
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/28/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3533675	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	DUNN, DONALD L	33 E. OAKLAND STREET	OC0EE FL 34761
			100004669621--6 -11/06/01--01082--003 ****750.00 ****750.00
		RESTATEMENT 01	18

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
<b>DUNN, DONALD L</b> <b>33 E. OAKLAND STREET</b> <b>OCOE FL 34761</b>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	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

REGISTERED AGENT MUST SIGN

Date 10-17-0

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

Date \_\_\_\_\_

Daytime Phone #