## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR ' REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### DOCUMENT # P98000083572

1. Corporation Name

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

Principal Place of Business

Mailing Address

301 E. OAK RIDGE ROAD ORLANDO FL 32809

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FILED

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SECRETARY OF STATE TALLAHASSFE, ELORIDA

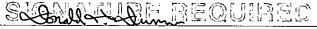


If above a	ddresses are incorrect in any way, line	through incorrect in	nformation and	enter correction below	50 06/09	<mark>0003477</mark> 5 /040104303	9 <b>455</b> 1 **608.75		
			New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Numbe	5. FEI Number		9/28/1998 Applied For	
City & State City						59-3533675		pplicable	
Zip	Country	Zip	C	Country 9	6. CERTIFICATI	E OF STATUS DESIRED 🗷	\$8.75 Additional Fed for a Certificate of		
7. Names a	and Street Addresses of Each Officer a	nd/or Director (Flo	rida nonprofit c	orporations must list at le	ast 3 directors)	· · · · · · · · · · · · · · · · · · ·	<u>.                                    </u>		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director						
D	DUNN, DONALD L		33 E. OAKLAND STREET			OCOEE FL 34761			
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Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
SUMM	DONALD			Name					
	DONALD L DAKLAND STREET FL 34761	Street Address (P.O. Box Number is Not Acceptable)							
OCOE	FL 34761	7-1-0-1 B-10-10-10-10-10-10-10-10-10-10-10-10-10-	# F4F 2.6 9	Juite Apt # Etc	<u> </u>		-		
				City	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		State Zip Code		
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am fam	iliar with and accept the o	obligations of Sect	tion 607.0505, F.S. or 617.	0505, F.S.		
Signature o				20回り返り		4L 90			

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