

FORM 192

The Seal of the State of Florida is a circular emblem. It features a central shield with a palm tree and a sun. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

FLORIDA DEPARTMENT OF  
2000  
Kahner  
Secretary

**1. Corporation Name**

Principal Place of Business

**Mailing Address**

4207 N.W. 6TH STREET  
GAINESVILLE FL 32609

4207 N.W. 6TH STREET  
GAINESVILLE FL 32609

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 &amp; State

City &amp; State

Zip

Country

**Zip**

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1999

5. FEI Number

59-3561544

Applied For

Not a...

6. CERTIFICATE OF STATUS DESIRED ☐ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>D</del>	<del>ROWELL, WILLIAM H</del>	<del>8820 N.W. 59TH STREET</del>	<del>GAINESVILLE FL 32609</del>
D	ROWELL, JOANN E	8820 N.W. 59TH STREET	GAINESVILLE FL 32609
D	ROWELL, WILLIAM G	8816 N.W. 59TH STREET	GAINESVILLE FL 32609
			000003471860-- -11/21/00--01025--002 ****150.00 ****150.00
			SP

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

**9. Name and Address of New Registered Agent**

~~HATFIELD, ANDERSON E~~  
~~4114 N.W. 13 STREET~~  
~~GAINESVILLE FL 32609-1801~~

Name JOANN E. ROWELL

Street Address (P.O. Box Number is Not Acceptable)  
4207 N.W. 6<sup>TH</sup> STREET

Suite, Apt. #, Etc. \_\_\_\_\_

City GAINESVILLE State FL Zip Code 32609

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-23-00

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 herein on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

352-372-3642  
Daytime Phone #

October 19, 2000

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

Re: Gainesville Tire Service, Inc.  
Document # P99000004280

Dear Correspondent:

Please find enclosed our completed Application for Reinstatement. The sole shareholder of the corporation at the beginning of the year 2000, William H. Rowell, was stricken with terminable cancer in early 2000 and subsequently died on June 19, 2000. During that time period, Mr. Rowell was in and out of the hospital undergoing various treatments during the time period that the corporation's 2000 Uniform Business Report was due. The manifestation of the illness was very sudden and unexpected. The corporation's failure to file its annual report was an inadvertent oversight directly related to Mr. Rowell's illness and subsequent death. The family and heirs are in the process of taking steps to ensure that this oversight is not repeated in subsequent years.

We have enclosed a check to the Department of State in the amount of \$150.00, which represents the annual report fee and the corporate supplemental fee. We respectfully request that you consider an abatement of the reinstatement fee based upon the extenuating circumstances surrounding the corporation's failure to file. As previously mentioned, steps have been taken by the succeeding shareholders to ensure that this problem is not repeated. Thank you for your consideration of this request.

Sincerely,

PURVIS, GRAY AND COMPANY

  
James W. Patray III, C.P.A.

JWP/tmc  
Enclosures

**Certified Public Accountants**

P.O. Box 23999 • 222 N.E. 1st Street • Gainesville, Florida 32602 • (352) 378-2461 • FAX (352) 378-2505

MEMBERS OF AMERICAN AND FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS  
MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PRIVATE COMPANIES AND S.E.C. PRACTICE SECTIONS