

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 4:21



DOCUMENT # P99000047140

1. Corporation Name

17TH AVE. MUFFLER SHOP, INC.

Principal Place of Business

Mailing Address

3151 NORTHWEST 17TH AVENUE
MIAMI FL 33142

3151 NORTHWEST 17TH AVENUE
MIAMI FL 33142

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

05/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PVST	SIERRA, MARILYNS	3151 N.W. 17 AVENUE	MIAMI FL 33142
D	SIERRA, MARILYNS	3151 N.W. 17 AVENUE	MIAMI FL 33142

800003454768--9
-11/07/00--01032--020
****150.00 ****150.00

10/11/6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIERRA, MARILYNS
3151 NORTHWEST 17TH AVENUE
MIAMI FL 33142

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

REGISTERED AGENT MUST SIGN

Date 10-18-00

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 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

10-18-00 (307) 638-9363

Date

Daytime Phone #

CR2E040 (9/00)

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17 AVE MUFFLER SHOP, INC.

October 18, 2000

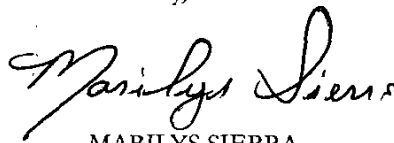
DIVISION OF CORPORATION
ANNUAL REPORT/RESTATEMENT SECTION
P O BOX 6327
TALAHASSEE, FL 32314-6327

Dear Sir or Madam:

I WOULD LIKE TO REQUEST TO HAVE MY CORPORATION MAINTAIN AN "ACTIVE " STATUS. I HAVE RENEWED ALL MY LICENSES FOR THE SHOP, BUT I DID NOT RECEIVE ANY NOTICE FROM YOUR DEPARTMENT UNTIL NOW. THIS IS MY FIRST TIME FILING WITH THE DIVISION OF CORPORATION. I HAVE MARKED MY CALENDER FOR THE FOLLOWING YEAR TO FILE BETWEEN JAN AND MAY AS STATED ON THE APPLICATION.

I CALLED THE DEPARTMENT THIS MORNING AND WAS TOLD TO WRITE A LETTER AND REQUEST TO HAVE THE PENALTIES WAIVED. PLEASE REVIEW OUR CASE AND RECEIVE OUR APOLOGY FOR OUR DELAY.

Sincerely,



MARILYS SIERRA
PRESIDENT