

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 5:45

DOCUMENT # **P99000077015**

1. Corporation Name

S&S Automotive, Inc.

2. Principal Office Address

1918 S. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3594927

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATTHEW R. O'KANE

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

215 NORTH EOLA DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

000004316120-7

-05/24/01--01097--025

*****300.00 ****300.00*

State
FL

Zip Code
32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Matthew R. O'Kane

Date **4/17/01**

MATTHEW R. O'KANE REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Steven R. Combs</i>	<i>6651 Franconia Dr.</i>	<i>Belle Isle, FL 32812</i>
VP	<i>Sharon K. Combs</i>	6651 FRANCONIA DRIVE	BELLE ISLE, FL. 32812
Sec.	SHARON K. COMBS	6651 FRANCONIA DRIVE	BELLE ISLE, FL. 32812
Treas.	SHARON K. COMBS	6651 FRANCONIA DRIVE	BELLE ISLE, FL. 32812
			<i>4/5/22</i>

10. 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:

Sharon K. Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON K. COMBS, VICE PRESIDENT

Date

Daytime Phone #

407/464-1464

CR2E081 (9/00)