

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102105

1. Corporation Name

COUNTY LINE AUTO REPAIR INC.

Principal Place of Business

Mailing Address

~~15525 COUNTY LINE ROAD
SPRING HILL FL 34610~~

~~15525 COUNTY LINE ROAD
SPRING HILL FL 34610~~



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

11/10/1999

Suite, Apt. #, etc.

15526 COUNTY LINE RD.

City & State
SPRING HILL, FLORIDA

Zip
34610

Country
U.S.A

Suite, Apt. #, etc.

15526 COUNTY LINE ROAD

City & State
SPRING HILL, FLORIDA

Zip
34610

Country
U.S.A

5. FEI Number

59-3614049

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
P	MOTEELALL AMARSINGH	12402 EVERARD DRIVE	SPRING HILL, FL 34609
			SP

8. Name and Address of Current Registered Agent

AMARSINGH, MOTEELALL
12402 EVERARD DRIVE
SPRING HILL FL 34609

9. Name and Address of New Registered Agent

Name

MOTEELALL AMARSINGH

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

12402 EVERARD DRIVE

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34609

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

MOTEELALL AMARSINGH
REGISTERED AGENT MUST SIGN

Date 10-17-00

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:

MOTEELALL AMARSINGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 379-9813

Sir / Madam

I have paid
The fees for The year
2006 and have not
Received my Corporation
Certificate.
Please make Necessary
changes.

Thank you
President

Modellell Amarsingh
Modellell Amarsingh

[Handwritten:] 0187-850
0418
[Stamp:] 63-134/831
[Handwritten:] 7-8-00
[Handwritten:] Te \$158.75
[Handwritten:] 75/
100 DOLLARS ☒ Security features included.
Destroy per Dec.

[Signature]

L18 "0000005875"

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

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