

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000111247

1. Corporation Name

KILBURN'S AUTOMOTIVE, INC.

Principal Place of Business

3241 COLUMBUS DR.  
HOLIDAY FL 34691

Mailing Address

3241 COLUMBUS DR.  
HOLIDAY FL 34691

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13399 Cortez Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13399 Cortez Blvd  
Suite, Apt. #, etc.

4. Date incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

59-3615208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Brooksville, Florida  
Zip  
34613-4888 U.S.A.

City & State  
Brooksville, Florida  
Zip  
34613-4888 U.S.A.

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
Pres	Kevin B. Kilburn	3241 Columbus Drive Holiday, FL 34691	

600004669006-5  
-11/06/01--01055--018  
\*\*\*\*150.00 \*\*\*\*150.00

OLUBR 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANEZIC, JOSEPH A  
4815 E. BUSCH BLVD.  
SUITE 113  
TAMPA FL 33617

Name  
KEVIN KILBURN

Street Address (P.O. Box Number is Not Acceptable)  
13399 CORTAZ BLVD.  
Suite, Apt. #, Etc.

City  
BROOKSVILLE, FL

State  
FL

Zip Code  
34613

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

*Kevin Kilburn* SIGNATURE REQUIRED

Date 10/17/01

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:

*Kevin Kilburn* (KEVIN KILBURN)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/01 (352) 912-1003  
Date Daytime Phone #

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**Kilburn's Automotive, Inc.**  
**13399 Cortez Blvd.**  
**Brooksville, FL 34613-4888**  
**(352) 592-1003**

October 16, 2001

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

RE: Kilburn's Automotive, Inc.  
FEI# 59-3615208

Dear Sir or Madam:

We received your 2001 Application for reinstatement reflecting the annual fee of \$150 in addition to a \$600 penalty.

Please note that we mailed a check for \$150 on April 29, 2001 in compliance with the Division of Corporations. After reviewing our records, we discovered that apparently, the check was never cashed, therefore, the check and form have either been lost or misplaced.

Please note that we have always tried to comply by the letter of the law. Therefore, we request at this time that you accept this check for \$150, and abate the penalties assessed.

We apologize for the inconvenience and thank you in advance for your cooperation.

Sincerely,

Kevin Kilburn  
President