

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09531**

1. Corporation Name

MICHAEL'S REPAIR SERVICE, INC.

Principal Place of Business

Mailing Address

~~6906~~ **6905** SHELTON ROAD
TAMPA FL 33615

~~6906~~ SHELTON ROAD
TAMPA FL 33615

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

6905 Sheldon Rd.
Suite, Apt. #, etc.

6905 Sheldon Rd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1990

5. FEI Number

59-3051904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State
Tampa FL
Zip
33615
Country
USA

City & State
Tampa FL
Zip
33615
Country
USA

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
PD	REED, MICHAEL	6906 SHELTON RD	TAMPA FL 33615
V	REED, DAWN L	10208 VISTA POINTE DR.	TAMPA FL

500023805125
10/15/03--01022--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, MICHAEL
6906 SHELTON RD
TAMPA FL 33615

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33615

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. or 617.0505, F.S.

Signature of Registered Agent

Michael Reed
REGISTERED AGENT MUST SIGN

Date 10-8-03

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: Michael Reed Michael Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-8-03 (813) 886-6353
Daytime Phone #

CR2E040 (7/03)

OCTOBER 8, 2003

DIVISION OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN: I JUST RECEIVED THIS LETTER TODAY REGARDING MY CORPORATION ANNUAL REPORT. THIS CAME WITH THE WRONG ADDRESS AND ZIP. I CALLED AT 12:01 P.M. AND THEY TOLD ME TO SEND THE CHECK FOR \$150.00 TO BE REINSTATED. I HAVE SENT YOU COPIES OF WHAT WE HAD RECEIVED WITH OUR BUSINESS CARD. IF YOU HAVE ANY QUESTION PLEASE FEEL FREE TO CALL US AT 813-886-6353, 813-886-9224 OR VISIT OUR WEBSITE WWW.MICHAELAUTOCARE.COM

THANK YOU!

SINCERELY,



MICHAEL REED / OWNER
MICHAEL'S REPAIR SERVICE, INC.
6905 SHELDON RD.
TAMPA, FL 33615