

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

6905  
6905 SHELTON ROAD  
TAMPA FL 33615

Mailing Address

6905 SHELTON ROAD  
TAMPA FL 33615



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

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

3. New Mailing Office Address, If Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REED, MICHAEL	6906 SHELTON RD	TAMPA FL 33615
V	REED, DAWN L	10208 VISTA POINTE DR.	TAMPA FL

S00023805125  
10/15/03--01022--004 \*\*150.00

8. Name and Address of Current Registered Agent

REED, MICHAEL  
6906 SHELTON RD  
TAMPA FL 33615

9. Name and Address of New Registered Agent

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03 (813) 886-6353  
Date 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](http://WWW.MICHAELAUTOCARE.COM)

THANK YOU!

SINCERELY,



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