

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR -3 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

S27183

1. Corporation Name

O'Brien Motors Inc.

[Handwritten signature]

2. Principal Office Address

114 S. Hwy 17-92

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 309

Suite, Apt. #, etc.

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

59-3105369

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

TIMOTHY O'BRIEN

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

114 S. Hwy 17-92

Suite, Apt. #, Etc.

900003245193-0
05/09/00-01/09/01
***1050.00 ***1050.00

City

DEBARY

State

FL

Zip Code

30533

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

[Handwritten signature: Timothy O'Brien]

REGISTERED AGENT MUST SIGN

Date

3/30/00

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

TIMOTHY O'BRIEN

3170 E. Hwy 52

DEBARY, FL

30533

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:

[Handwritten signature: Timothy O'Brien]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-30-00

Daytime Phone #

206-864-0158