

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # S37479

1. Corporation Name

O. T. C. ENTERPRISES CORPORATION

Principal Place of Business

1920 MONROE ST.
TALLAHASSEE FL 32303

Mailing Address

1920 MONROE ST.
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1991

5. FEI Number

36-3741230
~~50-1824980~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GASS, ROBERT T.	1920 N MONROE ST	TALLAHASSEE FL

200008806722
11/05/02--01059--014 **150.00

8. Name and Address of Current Registered Agent

GASS, ROBERT T
1920 N MONROE
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert T. Gass
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-2-2002

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)(l), 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:

Robert T. Gass
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Gass
11-2-2002-386-4161

Date

Daytime Phone #

CR2040 (8/02)

MIDAS AUTO SYSTEMS

1920 NORTH MONROE
1475 N. W. CAPITAL CIRCLE
TALLAHASSEE, FLORIDA 32303

Phone 850) 386-4161
Fax 850) 385-3608

11- 2. 2002

We did not recieve a renewal notice
from you after until last week.

The FEI number is incorrect.
I have made note of it on the form.
Please deposit our check for the amount
of one hundred dollars to reinstate our copy.

Robert J. Lane