

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AR
CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

01 JUN 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S54904

1. Corporation Name

FLASHER AUTO REPAIR INC.

2. Principal Office Address

2106 N. DIXIE HWY

Bulle, Apt. #, etc.

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33020

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/91

5. FEI Number

65-0262784

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 M. FLASHER

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

2106 N. DIXIE HWY

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Date 6/26/01

REGISTERED AGENT MUST SIGN

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
P	TIMOTHY FLASHER	2106 N. DIXIE HWY	HOLLYWOOD, FL 33020

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-06/27/01--01064--001

****308.75. ****308.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/01 (954) 920-8133

Date

Daytime Phone #

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER

1535 NORTHPARK DRIVE - SUITE 101

WESTON, FLORIDA 33326

MEMBERS:

AMERICAN INSTITUTE OF C.P.A.'S

FLORIDA INSTITUTE OF C.P.A.'S

PHONE: (954) 385-3332

FAX (954) 385-6464

June 26, 2001

Ms. Judy Eure
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Flasher Auto Repair Inc.
Document No: S54904

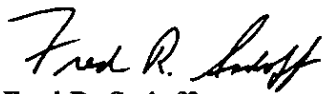
To Whom It May Concern:

Pursuant to our telephone conversation today, we have enclosed a Corporation Reinstatement Form along with a check in the amount of \$308.75.

Please be advised that this company had changed their mailing address during 1999. Do to the change of address, the company never received their original Uniform Business Report, and therefore, did not file their report for the year 2000. We respectfully request that the penalty not be assessed and that the \$308.75 payment enclosed to be used to cover the cost of year 2000 and 2001 fee in addition to the fee for certificate of status request. An address update was mailed to your office for updating in 1999.

Thank you in advance for your consideration in this matter. Please contact us at (954) 385-3332 when you receive this so that we will know that our Company has been reinstated.

Sincerely,
Sadoff, Raskin & Associates, P.A.



Fred R. Sadoff
Certified Public Accountant