

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/09/02--01067--003
*****900.00 *****900.00

REINSTATEMENT

01-02

DOCUMENT # V45950

1. Corporation Name

L'Orange Auto Service Center, Inc.

2. Principal Office Address

1089 John Sims Parkway

3. Mailing Office Address

1089 John Sims Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3130910

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

Robert G. L'Orange

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

118 N. Avenue

Suite, Apt. #, Etc.

City

Freeport

State
FL

Zip Code

32439

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

Robert G. L'Orange
REGISTERED AGENT MUST SIGN

Date

8-29-02

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
PD	Robert G. L'Orange	118 N. Avenue	Freeport, FL 32439

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:

Robert G. L'Orange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-02
Date

850-678-2586
Daytime Phone #

CR2E081 (9/01)