

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

03 OCT -8 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K03747**

1. Corporation Name

Namlík's Auto Sales, Inc.

REINSTATEMENT # 99-03

500023642505
10/08/08 - 01028--005 **1358.75

2. Principal Office Address
339 W. main St.

3. Mailing Office Address
339 W. main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Apopka FL

City & State
Apopka Florida

Zip Country
32712 USA

Zip Country
32712 USA

4. Date Incorporated or Qualified
To Do Business in Florida **11-23-1987**

5. FEI Number
59-2869818

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
William J. McLeod

Street Address (P.O. Box Number is Not Acceptable)
48 E. main St

Suite, Apt. #, Etc.

City State Zip Code
Apopka FL 32703

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 *[Signature]*

Date **10-3-03**

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
PVST	George Namlík Sr	37020 N. C.R. 44A	Eustis FL 32736

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]* **George Namlík SR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-889-4114

Daytime Phone #

CR28281 (10/02)