

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 16 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82113

1. Corporation Name

Suncoast Auto Brokers Enterprises, Inc./

Principal Place of Business

**5200 S. Washington Avenue
Titusville, FL 32780**

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5200 S. Washington Avenue

3. New Mailing Office Address, If Applicable

5200 S. Washington Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

USA

Zip

32780

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 21, 1990

5. FEI Number

59-3017262

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Gary R. Smith	5200 S. Washington Avenue	Titusville, FL 32780
D	Gary R. Smith	5200 S. Washington Avenue	Titusville, FL 32780

8. Name and Address of Current Registered Agent

**Gary R. Smith
5200 S. Washington Avenue
Titusville, FL 32780**

9. Name and Address of New Registered Agent

Name

Gary R. Smith

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

5200 S. Washington Avenue

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

CR2040 (1/98)