

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 15 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000102816

**1. Corporation Name**

Suburban Auto & Marine Sales, Inc.

**2. Principal Office Address**

1385 Biltmore St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

2608 SW Dalpina Rd.

Suite, Apt. #, etc.

**City & State**

Pt. St. Lucie FL

Zip  
34983

**Country**

USA

**City & State**

Pt. St. Lucie FL

Zip  
34953

**Country**

USA

REINSTATEMENT 02-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/16/01

**5. FEI Number**

165-1146210

**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**

David Dupont

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

2608 SW Dalpina Rd.

Suite, Apt. #, Etc.

**City**

Pt. St. Lucie

State  
FL

**Zip Code**

34953

**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

8/25/03

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
Pres.	David Dupont	2608 SW Dalpina Rd. Pt. St. Lucie, FL 34953	

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

561-758-6907

Daytime Phone #

CR2E081 (10/02)

7/15

SUBURBAN AUTO & MARINE SALES, INC.  
1285 BILTMORE STREET  
PT. ST. LUCIE, FL 34983

Florida Dept of State  
Tallahassee Florida

RE: Doc # P01000102816

To whom it may concern:

As per a conversation with the Dept. of State, my annual report was not mailed to the correct address. It was stated that the reinstatement fee would be waived. I am enclosing a check for \$300.00 to cover the past ~~two years. Thank you for your cooperation in this matter.~~

Sincerely,

David Dupont  
President