

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 30 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018672

1. Corporation Name

General Auto and Millennium Fuel
of Tampa, Inc.

600005765036--2
-06/13/02--01034--002
****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address
4101 Gandy Blvd.

3. Mailing Office Address
4101 Gandy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33611 U.S.

Zip Country
33611 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida 3/11/93

5. FEI Number 59-3164269
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
Sophia Kefalas
Street Address (P.O. Box Number is Not Acceptable)
4101 Gandy Blvd.
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33611

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 *Sophia Kefalas* Date 5/28/02
Sophia Kefalas 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
PD	Sophia Kefalas	6222 Soaring Avenue	Tampa, FL 33617
VD	Bessie Kefalas	6207 Tanager Place	Tampa, FL 33617

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: *Sophia Kefalas* **Sophia Kefalas** 5/28/02 813-839-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)