

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

97 JAN 13 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000091446

1. Corporation Name
HAMMOND AUTO SALES, INC.

Principal Place of Business: 9951 ATLANTIC BLVD., STE. 401 JACKSONVILLE FL 32225
Mailing Address: 9951 ATLANTIC BLVD., STE. 401 JACKSONVILLE FL 32225



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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida: 11/29/1995
5. FEI Number: 59-3346084
6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for SPOSATO, JOHN SR. and GUADAGNI, VIERI G.

REINSTATEMENT 1996
U. Alan

8. Name and Address of Current Registered Agent: SPOSATO, JOHN SR., 9951 ATLANTIC BLVD., STE. 401 JACKSONVILLE FL 32225
9. Name and Address of New Registered Agent: Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code

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: [Signature] REGISTERED AGENT MUST SIGN
Date: 1-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (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] JOHN SPOSATO, SR. 12-31-96 904-725-1113
Date Daytime Phone #

CFR2040 (7/96)