

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Motham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 24 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039464

1. Corporation Name

NATIONAL AUTO PROJECTS, INC.

Principal Place of Business

1561 S.E. 24TH TERRACE  
POMPANO BEACH FL 33062

Mailing Address

1561 S.E. 24TH TERRACE  
POMPANO BEACH FL 33062



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 |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 05/02/1997  |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Country                                      |  | 65-0762213  |  |
|  |  |  |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |  |
|  |  |  |  | \$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  |
|------------|-------------------------------------|---|---|
| PVST       | WASILEWSKI, IGOR                    | 1224 S. DIXIE HWY.  | POMPANO BEACH FL 33060  |
| D          | WASILEWSKI, IGOR                    | 1224 S. DIXIE HWY.  | POMPANO BEACH FL 33060  |
|            |                                     |   | 300002726503--9<br>-12/30/98--01065--010<br>****150.00 ****150.00 |
|            |                                     |   | <i>Handwritten signature</i>                                      |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|   |  |             |
|---|--|-------------|
| KOVARS, CINDALEAH<br>1224 S.DIXIE HIGHWAY<br>POMPANO BEACH FL 33060 | Name   |             |
|   | Street Address (P.O. Box Number is Not Acceptable) |             |
|   | Suite, Apt. #, Etc.                                |             |
|   | City   | State<br>FL |
|   |  | 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 REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201-28-98 954-784-3354  
Date Daytime Phone #

CR2E040 (9/98)