

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

00 NOV -6 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000104421

1. Corporation Name

PIRATE CITY AUTO SALES, INC.

2. Principal Office Address

2715 9th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

USA

3. Mailing Office Address

3908 26th Street West

Suite, Apt. #, etc.

City & State

Bradenton, Florida

Zip

34205

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11-29-99

SP

5. FEI Number

65-1014391

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

Marc H. Feldman

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

3908 26th Street West

Suite, Apt. #, Etc.

900003478649-2

11/28/00 01084-007

\*\*\*\*750.00 \*\*\*\*750.00

City

Bradenton

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

10/31/00

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
D/P/S/T	William L. Manfull	4040 Verna Bethany Road	Myakka City, FL 34255

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:

William L. Manfull, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/00

Daytime Phone #

941 758 8889

CR2E081 (9/99)