

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

98 MAR 19 PM 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **V63548**
 1. Corporation Name
Florida Auto Group Inc., Of Lee County

Principal Place of Business Mailing Address
1206 S.E. 9th Ln. P.O. Box 150309
Cape Coral, FL 33990 Cape Coral, FL 33915

REINSTATEMENT

95-98
 ad

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.		5. FEI Number 65-0356697	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Pres.	James Riczo	934 S.E. 27th St.	Cape Coral, FL 33914
Sec.	James Riczo	Same as above	
Treas.	James Riczo	Same as above	100002464211--7 -03/20/98--01121--003 ***1200.00 ***1200.00
Dir.	James Riczo	Same as above	100002464211--7 -03/20/98--01121--004 *****9.00 *****9.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES RICZO 1206 SE 9TH LANE CAPE CORAL, FL 33990		Name JAMES RICZO Street Address (P.O. Box Number is Not Acceptable) 1206 SE 9TH LANE Suite, Apt. #, Etc. City CAPE CORAL State FL Zip Code 33990	

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 **James Riczo** REGISTERED AGENT MUST SIGN Date **3-17-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **James Riczo** James Riczo 1/23/98 941-772-8849
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (12/96)