

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/21/01--01073--017  
\*\*\*1058.75 \*\*\*1058.75

DOCUMENT # **V63548**

**1. Corporation Name**

FLORIDA AUTO GROUP, INC. OF LEE COUNTY

**2. Principal Office Address**

1222 Viscaya Parkway

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33990

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 150309

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

Zip

33915

Country

U.S.A.

**REINSTATEMENT 99-01**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

September 10, 1992

**5. FEI Number**

65-0356697

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

James Riczo

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

1222 Viscaya Parkway

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33990

**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

*James Riczo*

REGISTERED AGENT MUST SIGN

Date 07/19/01

**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
Dir.	James Riczo	934 SE 27th Street	Cape Coral, Florida 33904
Pres.	James Riczo	934 SE 27th Street	Cape Coral, Florida 33904
Sec.	James Riczo	934 SE 27th Street	Cape Coral, Florida 33904
Treas.	James Riczo	934 SE 27th Street	Cape Coral, Florida 33904

**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:

*James Riczo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/19/01 (941)772-8849

Date

Daytime Phone #

CR2E081 (9/00)