

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 18 AM 9:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 144375

1. Corporation Name

Portesco Automotive Supply Inc.

2. Principal Office Address - No P.O. Box #

1905 40TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

1905 40TH ST

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33605

Country

USA

Zip

33605

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/1945

5. FEI Number

590573338

☐ 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

Charles Stephens

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

4310 La Mura Ct.

Suite, Apt. #, Etc.

City

Tampa FL

State

FL

Zip Code

33611

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Charles Stephens

Date 9-16-8

REGISTERED AGENT MUST SIGN

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
PD	RW Stephens	4519 Brookwood Dr	Tampa FL 33629
VD	CL Stephens	4310 La Mura Ct	Tampa FL 33611

REINSTATEMENT

04-08 B 9/19/08

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09/19/08--01056--009 \*\*750.00

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 contained in Chapter 119, 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:

Charles Stephens, Charles Stephens 9-16-8 (813)248-4941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #