

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -15 PM 2:48

DOCUMENT # 364897

1. Corporation Name

TOM SAWYER AUTOMOTIVE, INC.

2. Principal Office Address

15630 W. Dixie Highway

Suite, Apt. #, etc.

City & State North
Miami, Florida

Beach

Zip

33162

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 1970

5. FEI Number

65-6152483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS KINGSBURY

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

15630 West Dixie Highway

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

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

Date

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
P	THOMAS KINGSBURY	15630 W. Dixie Highway	North Miami, FL 33162 Beach

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/00

CR2E081 (10/02)

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

CONCH POOL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,950.00