

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 FEB -3 PM 3: 25

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 392560**

PRECISION TOYOTA, INC.
10909 N. FLORIDA AVENUE
TAMPA, FL 33614

2. If Address of Corporation is different from mailing address, enter the correct address below:

Address: **96-9700**
City and State: **LAHASSEE FLORIDA** Zip Code: **96-9700**

3. If Principle Office Address is different from mailing address, enter address below:

Address:
City and State: Zip Code:

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 12/08/1971	5. FEI Number 59-1368036	FEI Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

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
D	MORSANI, CAROL D.	4636 N. DALE MABRY	TAMPA, FL 33614
C/D	MORSANI, FRANK L.	4636 N. DALE MABRY	TAMPA, FL 33614
S/T	SCOTSON, RONALD B.	4636 N. DALE MABRY	TAMPA, FL 33614
D/P	ROMAND, JACK	4636 N. DALE MABRY	TAMPA, FL 33614
AS	HIGBEE, ALAN	501 E. KENNEDY BLVD. #1700	TAMPA, FL 33602
V	XXXXXXXXXXXX CHANGO, ROBERT	10909 N. FLORIDA AVENUE	TAMPA, FL 33612

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

SCOTSON, RONALD B
4636 N. DALE MABRY
TAMPA, FL 33614

9. If changed, new registered agent office:
Name: **02/04/97-01171-002**
*****\$915.00 ***\$915.00**

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City: State: Zip: **FL.**

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: **Ronald B. Scotson**
REGISTERED AGENT MUST SIGN

Date: **1/27/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: **R. Alan Higbee** Date: **11/6/96** Daytime Phone #: **(813) 228-7411**
Typed or printed name of signing officer or director: **R. Alan Higbee, Assistant Secretary**