

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 AUG 23 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 544696

**1. Corporation Name**

FLAGLER AUTOMOTIVE, INC.

500007371435--9  
-08/27/02--01045--013  
\*\*\*\*900.00 \*\*\*\*900.00

**2. Principal Office Address**

220 Palm Coast Pkwy.

**3. Mailing Office Address**

5002 Palm Coast Pkwy., NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip 32137

Country USA

Zip 32137

Country USA

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

09/07/77

**5. FEI Number**

591787887

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

Michael D. Chiumento

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

4 Old Kings Road North, Suite B

Suite, Apt. #, Etc.

Suite B

City

Palm Coast

State

FL

Zip Code

32137

**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

REGISTERED AGENT MUST SIGN

Date 08/20/02

**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	Davidson, Kenneth M., Jr.	2 Cole Court	Palm Coast, FL 32137
S	Davidson, Barbara	2 Cole Court	Palm Coast, FL 32137

**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]*

Kenneth M. Davidson, Jr., President

08/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)