

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544896
1. Corporation Name
 Flagler Automotive Inc

2. Principal Office Address 2 Cole Ct Suite, Apt. #, etc.		3. Mailing Office Address 2 Cole Ct Suite, Apt. #, etc.	
City & State Palm Coast FL		City & State Palm Coast FL	
Zip 32137	Country USA	Zip 32137	Country USA

REINSTATEMENT ~~03-04~~

4. Date Incorporated or Qualified To Do Business in Florida 9-77

5. FEI Number 59-1782887

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. Chimento, III

Street Address (P.O. Box Number is Not Acceptable) 4 Old Kings Rd. N.
 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 *[Signature]* **REGISTERED AGENT MUST SIGN**

Date 6/24/04

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
DP	Kenneth M Davidson	2 Cole Ct	Palm Coast FL 32137
DT	Barbara M Davidson	2 Cole Ct	Palm Coast 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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-23-04 **Daytime Phone #** 386-935-28

CR2E081 (07/04)

16