

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 OCT -3 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 558230

1. Corporation Name

Dean's Kawasaki, Inc.

200008204702--6  
-10/04/02--01037--024  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

1425 55th Court SW

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32968

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

1/26/1978

5. FEI Number

592014475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Dean L. Mays

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

1425 55th Court, SW

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32968

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

*Dean L. Mays*

Date 9-20-02

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	Dean L. Mays	1425 55th Court. SW	Vero Beach, FL 32968
<del>ST</del>	<del>Sharon D. Mays</del>	<del>585 Gulf Wing Drive</del>	<del>Vero Beach, FL 32968</del>

9/10/3

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:

*Dean L. Mays*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-02

Date

772-562-8111

Daytime Phone #