PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 11 PM 2:19

DOCUMENT # 573214

92-00

REINSTATEMENT

1. Corporation Name
Tim Lavey Automobiles, Inc.

2. Principal Office Address	3. Mailing Office Address
2756 Michigan Avenue	2756 Michigan Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State: Kissimmee, Florida
Zip: 34744 Country:	Zip: 34744 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/1978

5. FEI Number: 59-1884367 ☐ 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: Timothy J. Lavey

300003398653--7
-09/20/00--01002--028
***1985.75 ***1985.75

Street Address (P.O. Box Number is Not Acceptable): 543 Mandalay Road

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32809

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: JUN 30, 00
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/T/S	Timothy J. Lavey	543 Mandalay Road	Orlando, Florida 32809

AD

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: _____ TIM LAVEY (407) 342-7486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #