

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **587017**

1. Corporation Name

BILL HEARD CHEVROLET, INC. - PLANT CITY

Principal Place of Business

601 E ALEXANDER ST
PO BOX 3209
PLANT CITY FL 33566
US

Mailing Address

601 E ALEXANDER ST
PO BOX 3209
PLANT CITY FL 33566
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1978

5. FEI Number

59-1849278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HEARD, BILL	200 BROOKSTONE CENTRE PARKWAY, S	COLUMBUS GA 31904
VAS	YOUNG, RICHARD	200 BROOKSTONE CENTRE PARKWAY, S	COLUMBUS GA 31904
ST	FELDNER, RON	200 BROOKSTONE CENTRE PARKWAY, S	COLUMBUS GA 31904

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

200004641992--3

10/18/01-01066-013

******758.75 ****758.75**

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

Joan Bolden

REGISTERED AGENT MUST SIGN

JOAN BOLDEN

ASSISTANT SECRETARY

Date

10/15/01

11. 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:

RONALD A. FELDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-01

Daytime Phone #

706 323 1111



FILED

01 OCT -9 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (8/01)