

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # **625688**

1. Corporation Name

**COUNTY LINE SELECT CARS, INC.**

00 OCT 18 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3040 N.W. GAINESVILLE RD  
OCALA FL 34470  
US

3040 N.W. GAINESVILLE RD  
OCALA FL 34470  
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		4. Date Incorporated or Qualified To Do Business in Florida <b>05/31/1979</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-1919231</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	ALONSO, ARMANDO	3040 N.W. GAINESVILLE RD.	OCALA FL 34470
V	ALONSO, FRANCISCO	3040 N.W. GAINESVILLE RD	OCALA FL 34470
S	RONALD G HUNEYCUTT	7851 GREENBRIAR PKWY	ORLANDO, FL 32819
V, T	W. HARDEE MCALHANEY	7851 GREENBRIAR PKWY	ORLANDO, FL 32819
			<b>900003447119--4</b>
			<b>-11/01/00--01062--021</b>
			<b>****758.75 ****758.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALONSO, FRANCISCO  
3040 N.W. GAINESVILLE RD.  
OCALA FL 34470

Name

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

City

State  
**FL**

Zip Code

**REINSTATEMENT**

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

*Francisco Alonso*

REGISTERED AGENT MUST SIGN

Date

**10/17/2000**

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:

*Francisco Alonso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/17/2000 352-351-5255**  
Daytime Phone #

CR2E040 (8/00)