

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

01 MAY 18 PM 12:53

DOCUMENT #

F02573

1. Corporation Name

WHITE SPRINGS AUTOMOTIVE INC

600004416916-1
-06/13/01-01009-023
***2773.75 ***2773.75

2. Principal Office Address

P.O. Box 421

3. Mailing Office Address

P.O. Box 421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WHITE SPRINGS, FL

WHITE SPRINGS, FL

Zip

Country

Zip

Country

32096

U.S.

32096

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1980

5. FEI Number

59-2030150

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

KATHY FREEMAN

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

16804 SPRINGS ST

Suite, Apt. #, Etc.

City

WHITE SPRINGS

State

Zip Code

FL

32096

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

Kathy Freeman

Date 5/17/01

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 | A.M. LARSEN, III (D) | 16804 SPRINGS ST. (D) | WHITE SPRINGS, FL 32096 |
| S | KATHY FREEMAN | 16804 SPRINGS ST. | WHITE SPRINGS, FL 32096 |
| C | A.M. LARSEN, IV | 16804 SPRINGS ST. | WHITE SPRINGS, FL 32096 |
| | 2623.75-Adm | | |
| | 6125-AR | | |
| | 88.75-ARSAPP | | |

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:

A.M. LARSEN III

A.M. LARSEN III

5/16/01

904/397-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #