

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F39641

1. Corporation Name

PORT ST. LUCIE AUTO SALES, INC.

Principal Place of Business

Mailing Address

3961 S US 1
FORT PIERCE FL 34982

3961 S US 1
FORT PIERCE FL 34982

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



REINSTATEMENT

07

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1981

5. FEI Number

59-2143447

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
PDS	DEROSA, ANTHONY	6442 HOPE COURT	PORT ST. LUCIE FL 34986
V	ARTHUR, RICHARD	6442 HOPE COURT	PORT ST. LUCIE FL 34986
T	DOUGHERTY, CHARLES	6442 HOPE COURT	PORT ST. LUCIE FL 34986

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10/21/03--01081--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEROSA, ANTHONY
6442 HOPE COURT
PORT ST. LUCIE FL 34986

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/10/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/02

7110127 0121760 AT

CR2E040 (7/03)