

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77684

1. Corporation Name

Atlantic Imported Auto, Inc.

2. Principal Office Address

7311 Atlantic Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32211

Country

3. Mailing Office Address

7311 Atlantic Blvd

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32211

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/02/82

5. FEI Number
59-2194260

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

Patrick O'Neal

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

1589 Holly Oaks Lake Road, West

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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**

x *Patrick A. O'Neal*

Date

x *2/9/04*

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
DPST	Patrick O'Neal	1589 Holly Oaks Lake Road, West	Jacksonville, FL 32225
VP	Linda O'Neal	1589 Holly Oaks Lake Road, West	Jacksonville, FL 32225

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:

x *Patrick A. O'Neal* *Patrick A. O'Neal*

Date

x *2/9/04*

904-721-0267

Daytime Phone #

CR2E081 (01/04)