

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005399

1. Corporation Name

MIAMI LAKES PONTIAC, INC.

Principal Place of Business

6100 NORTHWEST 167TH STREET
MIAMI LAKES FL 33014

Mailing Address

6100 NORTHWEST 167TH STREET
MIAMI LAKES FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1993

5. FEI Number

65-0444763

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	DUHANEY, TREVOR	6100 NORTHWEST 167TH STREET	MIAMI LAKES FL 33014
D	ROBENALT, W A Lowell K. Anderson	5730 GLENRIDGE DRIVE, SUITE 404	ATLANTA GA 30328
D	GHELLAND, E J William J. Steffes	5955 T.G. LEE BLVD, SUITE 150 3044 W. Crane Blvd.	ORLANDO, FL 32822 Detroit, MI. 48202
ST	FEATHERSTON, DAN L Mable Ferguson	610 NW 167TH ST 6100 NW 167st.	MIAMI LAKES FL Miami Lakes, FL.
			500002375845--6 -12/17/97-01113-020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

JERRY R WASSERMAN

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

4000 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

710 N

City

HOLLYWOOD

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date 12/1/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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

Secretary Treasurer

12/1/97

Date

Daytime Phone #