

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV 26 AM 11:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **H78389**

1. Corporation Name

**TYRONE MOTOR CORPORATION**

Principal Place of Business

3300 TYRONE BLVD.  
 ST. PETERSBURG FL 33710

Mailing Address

3300 TYRONE BLVD  
 ST. PETERSBURG FL 33710  
 US



REINSTATEMENT

2001

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

**3900 W KENNEDY BLVD**  
**TAMPA FL**  
**33609**

4. Date Incorporated or Qualified To Do Business in Florida

09/26/1985

5. FEI Number

59-2586625

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	LINDELL, CARL	3900 W KENNEDY BLVD	TAMPA FL
			900004721279-1 -12/12/01--01081--016 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

LINDELL, J. MICHAEL  
~~620 BLACKSTONE BLDG~~  
~~233 E BAY ST~~  
~~JACKSONVILLE FL 32202~~

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**12376 SAN JOSE BLVD**  
 Suite, Apt. #, Etc.  
**SUITE 126**  
 City  
**JACKSONVILLE,** State **FL** Zip Code **32223-8630**

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 **11/21/01**

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 **Oct. 22, 2001** Daytime Phone #

CR20040 (8/01)