

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

①

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

1998 MAR 11 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H97813

1. Corporation Name

Venice Auto Mall, Inc.

Principal Place of Business

Mailing Address

1525 WEST Hillsborough Ave.  
TAMPA, FL. 33603

SAME  
AS  
Principal place

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		4. Date Incorporated or Qualified To Do Business in Florida February 5, 1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2665884	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES/ DIR	BONNIE JEAN C. TIPPETTS	268 WEST 400 SOUTH SALT LAKE CITY, UTAH 84101	

REINSTATEMENT

500002454155--4

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAM I. BEIBER  
601 E. Twiggs St.  
TAMPA, FL. 33602

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

CR2E040 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 730302 81505A

AUTHORIZATION :

COST LIMIT : \$ 908.75

*Patricia Pizuth*

ORDER DATE : March 5, 1998

ORDER TIME : 1:19 PM

ORDER NO. : 730302-010

CUSTOMER NO: 81505A

CUSTOMER: Ms. Brenda L. Burgess  
Linsky & Reiber  
Suite 200  
601 East Twigg Street  
Tampa, FL 33602

DOMESTIC FILINGS

NAME: VENICE AUTO MALL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
98 MAR 11 PM 1:55  
DIVISION OF CORPORATION

(2)