APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 NOV 19 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H99153

1. Corporation Name
Oakhurst Plaza Auto Service Center, Inc.

Principal Place of Business	Mailing Address
9220 137th Street North Seminole, FL 33776	Same

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

4. Date Incorporated or Qualified To Do Business in Florida: February 13, 1986

F.E.I. Number: 59-2661151 (Applied For / Not Applicable)

5. 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	William Slobodkin	9220 137th Street North	Seminole, FL 33776
STD	Susan Slobodkin	9220 137th Street North	Seminole, FL 33776

700003053012--3
-11/23/99--01047--031
***1350.00 ***1350.00

REINSTATEMENT 95-99

700003053012--3
-11/23/99--01047--032
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

Sidney Werner, Esq.
Piper, Ludin, Howie & Werner, P.A.
5720 Central Avenue
St. Petersburg, FL 33707

9. Name and Address of New Registered Agent

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: Sidney Werner — REGISTERED AGENT MUST SIGN — Date: 11/17/99

11. This corporation owes 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 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: Susan Slobodkin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN SLOBODKIN

11/17/99 — Date

727-397-3788 — Daytime Phone #

NOV. -16. 99 (TUE) 16:24 CSC TALLAHASSEE TEL:850 521 1010 P.002