

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 # J16776

1. Corporation Name

CASSELBERRY CREDIT CARS, INC.

Principal Place of Business

1654 GRANGE CIRCLE  
LONGWOOD FL 32750

Mailing Address

1654 GRANGE CIRCLE  
LONGWOOD FL 32750

If above addresses are incorrect in any way, list through nearest uniform address and enter correct below.

2. New Principal Office Address, If Applicable

5314 EDGEWATER DR.

Suite, Apt. #, etc.

ORLANDO

City & State

FLA

Zip

32810

Country

ORANGE

3. New Mailing Office Address, If Applicable

5314 EDGEWATER DR.

Suite, Apt. #, etc.

ORLANDO

City & State

FLA

Zip

32810

Country

ORANGE

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1986

5. FEI Number

59-2681329

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MASTRAPA, ARNALDO	1654 GRANGE CIR	LONGWOOD FL
D	MASTRAPA, MARTHA	1654 GRANGE CIR	LONGWOOD FL

8. Name and Address of Current Registered Agent

MASTRAPA, ARNALDO  
1654 GRANGE CIRCLE  
LONGWOOD FL 32750

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

*Arnaldo Mastrapa*

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:

*Arnaldo Mastrapa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/94

Daytime Phone #

CR2E040 (9/96)