

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J32053

1. Corporation Name

PALAFox MOTORS, INC.

Principal Place of Business

6120 N. PALAFOX
PENSACOLA FL 32503

Mailing Address

6120 N. PALAFOX
PENSACOLA FL 32503

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

09/03/1986

5. FEI Number

59-2748571

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 3	City / State / Zip 4
P	ADAMS, B W JR	6120 PALAFOX	PENSACOLA FL
VP	ADAMS, PAUL R	6120 PALAFOX	PENSACOLA FL
ST	ADAMS, PAUL R	6120 N PALAFOX	PENSACOLA FL
P	ADAMS, PAUL R	6120 Palafox ST	Pensacola FL 32503

8. Name and Address of Current Registered Agent

~~ADAMS, RONALD W~~
~~6121 N. PALAFOX~~
~~PENSACOLA FL 32503~~

9. Name and Address of New Registered Agent

Name Paul Adams
Street Address (P.O. Box Number is Not Acceptable)
6120 N PALAFOX ST
Suite, Apt. #, Etc.
City Pensacola State FL Zip Code 32503

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10.21.02

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.21.02 (850) 478 3557

Daytime Phone #