

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J32053

1. Corporation Name

Palafox Motors, Inc.

2. Principal Office Address

6120 N. Palafox

Suite, Apt. #, etc.

3. Mailing Office Address

6120 N. Palafox

Suite, Apt. #, etc.

500024573105

11/10/03--01100--010 \*\*150.00

**REINSTATEMENT**

City & State

Pensacola, FL

Zip

32503

Country

Escambia

City & State

Pensacola, FL

Zip

32503

Country

Escambia

4. Date Incorporated or Qualified  
To Do Business in Florida

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. Name and Address of Current Registered Agent**

Name

Paul R. Adams

Street Address (P.O. Box Number is Not Acceptable)

6120 N. Palafox

Suite, Apt. #, Etc.

City

Pensacola

State  
FL

Zip Code  
32503

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 10-31-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul R. Adams	6120 N. Palafox	Pensacola, FL 32503

10. 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

10-31-03

Date

Daytime Phone #

CR2E01 (1002)

**Palafox Motors, Inc.**

6120 N. Palafox  
Pensacola, FL 32503  
Phone 850-478-3551

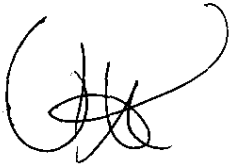
October 31, 2003

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To Whom It May Concern;

I did not receive out UBR for 2003. I am sending in a check in the amount of \$150.00 and a reinstatement form. Please reinstate my corporate name. Thank you in advance for your time.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Adams', with a large, sweeping flourish that loops around the signature.

Paul R. Adams