

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JUN -4 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J38956

1. Corporation Name

BOB ZANKL TOYOTA, INC.

Principal Place of Business

501 N. MAGNOLIA AVE., SUITE A
ORLANDO FL 32801

Mailing Address

501 N. MAGNOLIA AVE., SUITE A
ORLANDO FL 32801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~226 Hillcrest Street~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~226 Hillcrest Street~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1986

5. FEI Number

59-2736290

Applied For

Not Applicable

City & State

~~Orlando, Florida~~
Country

City & State

~~Orlando, Florida~~
Country

Zip

32801

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
P	CARLISLE, DAVID	1444 WESTON WOODS BLVD	ORLANDO FL 32818
			300002557603--1
			-06/11/98--01087--023
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

LABRET, STEVEN MICHAEL
501 N. MAGNOLIA AVE., SUITE A
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

STEVEN MICHAEL LABRET

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

~~226 Hillcrest Street~~
Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

6/1/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

David Carlisle
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/96)