

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47869

1. Corporation Name

PAUL WEST FORD, INC.

Principal Place of Business

3333 N. MAIN ST.
GAINESVILLE FL 32609-2307

Mailing Address

3333 N. MAIN ST.
GAINESVILLE FL 32609-2307



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

2. New Principal Office Address, If Applicable

5755 W. 73rd Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5755 W. 73rd Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1986

5. FEI Number

59-2747669

Applied For

Not Applicable

City & State

Indianapolis, IN
Zip 46278 Country USA

City & State

Indianapolis, IN
Zip 46278 Country USA

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
PD	ORNSTEIN, MARK L	8624 SUMMERVILLE PLACE	ORLANDO FL 32819
SD	OPACHAN, MARK S	10845 TEALPOINT DR.	INDIANAPOLIS IN 46229
VD	ALVAREZ, JOSEPH A	386 CARMEL DRIVE	MELBOURNE FL 32940

REINSTATEMENT

[Signature] 2000

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

100003478671--4

-11/28/00--01087--003

****750.00 ****750.00

State Zip Code

FL

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

Jeffrey R. Graves
Assistant Secretary

Date 11/17/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-00 (317) 802-2911