${f \hat{Q}}$ LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

KEY LARGO AUTO-TRUCK-TRAILER TOWN, INC.

Principal Place of Business

Mailing Address

102101 OVERSEAS HIGHWAY POST OFFICE BOX 2583 KEY LARGO FL 33037

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FILED

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| | | | NET 511100 | , | | | ENERGO CO | TATES | | · 7 | |
|---|-----------------------|--------------------------------------|---------------------------|---|-------------|---|--|---|--|------------|--|
| If above | addresses are | incorrect in any way, line th | rough incorrect in | nformation a | and enter | correction below. | | MILIE | j-888 <i>O</i> | - | |
| | | | | ng Office Address, If Applicable 4. I | | | 4. Date Incorp | Date Incorporated or Qualified To Do Business in Florida 12/15/1986 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | E EFIAL | | | · I ·· · · · · · · · · · · · · · · · · | | |
| City & State | | | City & State KRY LARGO FL | | | FLA | | 59-2763775 Not A | | | |
| Zip Country Z | | | Zip | | | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names | and Street Ad | dresses of Each Officer and | or Director (Flo | rida nonpro | | | east 3 directors) | | | | |
| Title(s) | 2 | Name of Officers and/or Directors | | 3 | | eet Address of Ea- ficer and/or Direct | | 4 | City / State / Zig | p | |
| DP | MRAVIC, ARTHUR J., JR | | | 102101 OVERSEAS HWY | | | KEY LARGO FL | | | | |
| | | | | | | - | 70 | 000972 12-01067 | 20457 | 0.00 | |
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| | | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 1 | 9. Name and | Address of New Re | gistered Agent | | |
| | | | | | | Name | | | | | |
| MCCORMICK, ARTHUR F | | | | | | Street Address | (P.O. Box Number | is Not Acceptable) | | | |
| 7550 SW-57TH-AVE | | | | | | | | | | | |
| SUITE 203 | | | | | | Suite, Apt. #, Et | c. | | | | |
| S. MIAMI FL 33143 | | | | | | City | | | State Zip C | Code | |
| 10. I, being | appointed the | e registered agent of the abo | ve named corpo | ration, am f | lamiliar wi | th and accept the | obligations of Secti | on 607.0505, F.S. o | | | |

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 of Registered Agent

SIGNATURE AND TYPED OF PRINTED NAME OF

REGISTERED AGENT MUST SIGN