

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50494

1. Corporation Name

AUTORAMA AUTO SALES, INC.

2. Principal Office Address

4356 Palm Beach Boulevard

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33905

Country

Lee

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

96-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2746958

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

Kevin Loughrey

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

8153 Winged Foot Drive

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33912

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-14-01

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	CRAIG F. LOUGHREY	8153 Winged Foot Drive	Fort Myers, FL 33912
S/T	KAREN J. LOUGHREY	8153 Winged Foot Drive	Fort Myers, FL 33912

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Craig F. Loughrey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/01

Daytime Phone #

84-694-0733

CR2E081 (9/00)