

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN -5 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J86284

1. Corporation Name

HOLMAN'S AUTOMOTIVE, INC.

2. Principal Office Address

11960 N. FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Dunneleon, FL

City & State

Zip

34434

Country

UNITED STATES

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1987

5. FEI Number

59-2879720

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

DONALD M. HOLMAN

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

11960 NORTH FLORIDA AVE

Suite, Apt. #, Etc.

City

Dunneleon

State  
**FL**

Zip Code

34434

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]

Date 1-6-05

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
<u>Pres</u>	<u>DONALD M. HOLMAN</u>	<u>11960 N. FLORIDA AVE</u>	<u>Dunneleon, FL 34434</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05

Date

3524893100

Daytime Phone #

CR2E081 (01/04)

**HOLMAN'S AUTOMOTIVE, INC.**  
**11960 N FLORIDA AVENUE**  
**DUNNELLON, FL 34434**  
**352-489-3100**  
**352-489-4789 FAX**

January 6, 2005

Florida Division of Corporations  
409 E Gaines Street  
Tallahassee, Florida 32399  
Att: Tyrone Scott

Tyrone,

Please find the following application for reinstatement of corporation #J86284. As we had leased out the operations of the business we entrusted the lessor to notify us of these filings. To the best of our knowledge we received no notice of 2003 filing. We were notified December 31, 2004 that he had packed up and left. Upon investigation we found our corporation had been rendered inactive. We immediately filed for reinstatement so that we may pickup operations. Therefore we respectfully request a waiver of reinstatement fees.

As our check #20902 has been cashed by your department, may we also request the credit amount of \$450 be issued in paper check form back to Holman's Automotive, Inc.

Thank you very much for your consideration. Please feel free to contact me at the above telephone numbers if there are any further questions or concerns.

Best regards,



Donald M Holman  
Owner

CC:DMH/owner