

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J93378

1. Corporation Name

ADA Auto Rentals, Inc

99 APR 26 PM 2:16

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

498 South Main Street  
Crestview FL 32536

Mailing Address

498 South Main Street  
Crestview, FL 32536

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2846904

Applied For

Not Applicable

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)

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
PD	Ash, Alfred A.	5397 Monterrey Rd	Crestview FL 32539
VPD	Ash, Donna E.	5397 Monterrey Rd	Crestview, FL 32539
D	Ash, David	5397 Monterrey Rd	Crestview, FL 32539
D	FORREST, DONNA A.	5397 Monterrey Rd	Crestview FL 32539

8. Name and Address of Current Registered Agent

Ash, Alfred A.  
498 South Main Street  
Crestview, FL 32536

9. Name and Address of New Registered Agent

Name

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

100002861491

Suite, Apt. #, Etc

05/04/99-01029-013

City

\*\*\*1050.00

\*\*\*1050.00

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

*Alfred A. Ash*

REGISTERED AGENT MUST SIGN

Date

4/10/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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)(j), 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

DONNA E. Ash

4/10/99  
Date

850-689-6716  
Daytime Phone #