PLEASE R	EAD ALL INSTI	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM:	
APPLICATION FOR			of STATE tham tate		FILED 98 DEC 11 AM o	: 28
DOCUMENT # J97135  1. Corporation Name					SECRETARY OF ST TALLAHASSEE, FLO	ATE RIDA
NEPTUNE MOTORS OF	PINELLAS COU	INTY, INC.				
Principal Place of Business	ss			IB INIII 18881 II AN 11181 Pirk Afsti Went		
9805_BLMERTON_ROAD   6305_ULMERT   13274_92ND_ST. NORTH   13274_92ND_LARGO_FL_34041>		<del>ST. NORTH.</del> <del>1640</del>				
If above addresses are incorrect in any wa  2. New Principal Office Address, if Application  Suite, Apt. #, etc.	Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/07/1987			
G805 ULMERTON ROAD 6805 City & State LARCO FL GARCO		CUMERTON ROAD		5. FEI Numbe	59-2848017	Applied For Not Applicable
<sup>2ip</sup> 33771 Country U.S	Zip 3377	Countr	<u>US</u>	CERTIFICAT	E OF STATUS DESIRED   50	Additional Fee required ra Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directly and/or Directors   Street Address of Each Officer and/or Director   Street Address of Each Officer and/or Director   3 (Do NOT Use Post Office Box Numbers)					City / Sta	te / Zip
D IZZOLO, JAMES F.	13274 92ND ST.	NORTH	LARGO FL			
		1				
				3000 <b>QQTTBERMBETTL</b> TT		
	300002713403 -12/15/9801083022			01083022		
			****150.00 ****150.00			****150.00
				ph 2/15		
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
IZZOLO, JAMES F. 	Street Address Suite, Apt. #, Et		P.O. Box Number is Not Acceptable)  S UNFRTON ROND			
				70	State FL	33771
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						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No						
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 filling 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 DEFORM DATE DATE DATE DATE DATE DATE DATE DATE						
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