

APPROVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

APPLICATION
FORM 97
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 FEB 13 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05855

1. Corporation Name

G & Z AUTO CARE, INC.

Principal Place of Business

6453 NW 55th Street
Coral Springs, FL 33067

Mailing Address

6453 NW 55th Street
Coral Springs, FL 33067

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
49 Harwood

3. New Mailing Address, If Applicable
49 Harwood

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/87

Suite, Apt. #, etc.
Building G

Suite, Apt. #, etc.
Building G

5. FEI Number

65-0021888

Applied For

Not Applicable

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

Zip
33441

Country
USA

Zip
33441

Country
USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST	GABOR FOLDES	49 Harwood, Building G	Deerfield Beach, FL 33441

100002087311--2

REINSTATEMENT

8. Name and Address of Current Registered Agent

GABOR FOLDES
6453 NW 55th Street
Coral Springs, FL 33067

9. Name and Address of New Registered Agent

Name

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

49 Harwood, Building G

Suite, Apt. #, Etc.

City

Deerfield Beach,

State

FL

Zip Code

33441

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

REGISTERED AGENT MUST SIGN

Date 2/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.082, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

GABOR FOLDES

2/12/97

(954) 341-3117

CR2040 (1/95)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 259156 *Patricia Piziti* 82400A

AUTHORIZATION :

COST LIMIT : \$ *1245.00* ~~PREPAID~~

ORDER DATE : February 13, 1997

ORDER TIME : 10:36 AM

ORDER NO. : 259156-005

CUSTOMER NO: 82400A

CUSTOMER: Ms. Janet S. Rice
Morgan Olsen & Olsen
Suite 200
315 N.e. Third Avenue
Ft. Lauderdale, FL 33301

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RECEIVED
97 FEB 13 PM 2:29
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: G & Z AUTO CARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tonya C. Holliday
EXAMINER'S INITIALS _____