

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 PM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K47686

1. Corporation Name

SPECIALTY CARS, INC.

2. Principal Office Address - No P.O. Box #

13130 Greengage Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33612

Country

USA

Zip

Country

400162643984

11/09/09--01060--024 **908.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1988

5. FEI Number
59-2923866

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

Burns, Waltraud K

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

13130 Greengage Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Waltraud K. Burns

Date 11/02/2009

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
P	Burns, Gary D	13130 Greengage Lane	Tampa, FL 33612
VP	Burns, Waltraud K	13130 Greengage Lane	Tampa, FL 33612

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 contained in Chapter 119, 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:

Gary D. Burns GARY D. BURNS

11/02/2009

Date

(813) 781-1637

Daytime Phone #