PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 1:08

DOCUMENT # K1e3735

REINSTATEMENT

1. Corporation Name

HILLSBORO AUTO SALES, INC

2. Principal Office Address	**3.** Mailing Office Address
234 DENNISON RD LUTZ, FL 33548	PO BOX 17942 TAMPA,FL 33682-7942
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01-30-1989

5. FEI Number: 59-2930572 ☐ 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: HOWELL, VIRGIL M.

900004711249--6
-12/06/01--01026-028
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 234 DENNISON RD

Suite, Apt. #, Etc.:

City: LUTZ | State: FL | Zip Code: 33548

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: _____ Date: 11-5-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HOWELL, VIRGIL M. LUTZ, FL 234 DENNISON RD 33548		
√	HOWELL, SYLVIA 234 DENNISON RD LUTZ, FL 33548		
ST	DODD, KAREN L. 234 DENNISON RD LUTZ, FL 33548		
			12/5

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: _____ 11-5-01 813-240-7013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #