

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL -2 9:49

DOCUMENT #

K63735

1. Corporation Name

HILLSBORO AUTO SALES, INC.

000055650980
06/02/05--01010--002 **450.00

2. Principal Office Address

234 DENNISON RD.

Suite, Apt. #, etc.

3. Mailing Office Address

234 DENNISON RD.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33548

Country

USA

Zip

33548

Country

USA

REINSTATEMENT

07-05

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/89

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

VIRGIL M. HOWELL

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

REGISTERED AGENT MUST SIGN

Date

5-25-05

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
Pres.	VIRGIL M. HOWELL	234 DENNISON RD.	LUTZ, FL 33548
V. Pres.	SYLVIA N. HOWELL	234 DENNISON RD.	LUTZ, FL 33548
Sec. Treas.	KAREN L. DODD	18265 N.W. Hwy. 335	WILLISTON, FL 32696

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGIL M. HOWELL

Date

5-25-05 813-240-7013

Daytime Phone #

CR2E081 (01/05)

5-30-05-2082
234 DENNISON RD
LUTZ, FL 33548

Dear Sirs,

I did not receive notices of Corporation renewal because they were sent to a incorrect address (PO Box) and returned to you. I have been battling cancer for the past two years and my attention has been diverted. Even ^{though} my Corporation is inactive I would like to resume in my business when I complete my treatments (Chemo-therapy). I ask that the reinstatement fees be waived, I am enclosing my check for the missing renewals.

I hope this request meets with your approval.

Please send future notices to
234 DENNISON RD LUTZ, FL 33548

Respectfully,

Virgil Howell