

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 20 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 47963**

1. Corporation Name

SEMINOLE AUTOMOTIVE SERVICES, INC.

2. Principal Office Address

**10944 70TH AVE. No.
SEMINOLE, FL 33772**

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

33772

Country

USA

3. Mailing Office Address

**10944 70TH AVE No.
SEMINOLE, FL 33772**

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

33772

Country

USA

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-1-90

5. FEI Number

59-2994400

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

POOLE, BRIAN G.

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

13480 RUSTIC PINES BLVD. So.

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-15-01

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
DPT	POOLE, BRIAN G.	13480 RUSTIC PINES	SEMINOLE, FL 33776
DVS	SKIDMORE, MICHAEL	1833 PENNWOOD CR W.	CLEARWATER, FL

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] **BRIAN G. POOLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-01

Daytime Phone #

**727
393-9979**

CR2E081 (9/00)