

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
1998 FOR AR
REINSTATEMENT



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

AND
FILED

1998 NOV 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91541

1. Corporation Name

LORITO AUTO SALES, INC.

Principal Place of Business

Mailing Address

6400 S.E. PINE AVE.
OCALA FL 32671 34480

6400 S.E. PINE AVE.
OCALA FL 32671 34480

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1990

5. FEI Number

59-3073744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LORITO, JOHN G.	6400 S.E. PINE AVE.	OCALA FL 34480
D	LORITO, JACQUELINE ANN	6400 S.E. PINE AVE.	OCALA FL 34480
			500002691805--7
			11/19/98--01081--016
			****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILL, RAY S., P.A.
613 S. E. FT. KING STREET
OCALA FL 32671

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98

Date

353-624-3234

Daytime Phone #

CR2E040 (9/98)



"SERVING
MARION COUNTY
SINCE 1956"

November 12, 1998

Florida Department of State
Division of Corporations
Annual Report Attention: Sammy Caldwell
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir!

We sincerely regret the delay of receiving our cooperate application. We have been in business for many years and have filed properly. We always make an sincere effort in complying with state regulations.

The reason that we are late, is that we have not received any application. There are several possible reasons for this. The mailing address on application reads 6400 S.E Pine Ave and zip code reads 32671 which is incorrect. Also, we have had numerous problems in receiving other peoples mail and receiving our mail.

Please except our renewal fee of \$158.75 for 1998 Corporation registration. We deeply appreciate any help in this matter. We can assure you that this matter will not happen again.

Thank you for your cooperation.

Sincerely,

John G. Lorito, President

P.S. Correct mailing address: 6400 S. Pine Ave, Ocala, FL 34480