

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 24 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L93681

1. Corporation Name

CAR-MART OF SEFFNER, INC.

And 1997 Annual Report

Principal Place of Business

Mailing Address

11715 E. DR. M.L. KING BLVD.
SEFFNER FL 33584
US

11715 E. DR. M.L. KING BLVD.
SEFFNER FL 33584
US



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

2. New Principal Office Address, If Applicable

3613 N. 15th St

3. New Mailing Office Address, If Applicable

1529 LANCELOT Lp

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1990

5. FEI Number

59-3025899

Applied For

Not Applicable

City & State

TP FL

City & State

TP FL

Zip

33605

Country

USA

Zip

33619

Country

USA

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
DPS	VEGA, CECILIA C.	11715 DR. M.L. KING BLVD. 1529 LANCELOT Lp	SEFFNER FL TP FL 33619
DST	VEGA, CECILIA C	11715 DR. M.L. KING BLVD. Same as above	SEFFNER FL
VP	VEGA, CECILIA	11715 DR. M.L. KING BLVD. Same as above	SEFFNER FL
			300002099133--4 -02/26/97--01125--001 ****375.00 ****375.00
			REINSTATEMENT 96
			A. Alan 2/24/97

8. Name and Address of Current Registered Agent

VEGA, CECILIA C.
1529 LANCELOT LOOP
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

300002099133--4

-02/26/97--01125--002

****165.00 ****165.00

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

Cecilia Vega

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Cecilia Vega CECILIA C. VEGA / 27/97 (813) 248-8147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #