

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **M65114**

1. Corporation Name

**GARY'S AUTO, INC.**

Principal Place of Business

901 CHALMERS ST., UNIT 1  
% GARY R. CHOLEWINSKI  
MARCO ISLAND FL 33937

Mailing Address

901 CHALMERS ST., UNIT 1  
% GARY R. CHOLEWINSKI  
MARCO ISLAND FL 33937

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

01/19/1988

5. FEI Number

65-0021234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	CHOLEWINSKI, GARY R.	901 CHALMERS ST., UNIT 1	MARCO ISLAND FL

100001998281--7  
-11/07/96--01003--014  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

CHOLEWINSKI, GARY R.  
901 CHALMERS ST., UNIT 1  
MARCO ISLAND FL 33937

9. Name and Address of New Registered Agent

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]*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 OCT 31 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mws  
11-4-96

REINSTATEMENT 1996

CR200-0 (7/96)