

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


07 MAR 23 PM 2:25
CLERMONT, FLORIDA
TALLAHASSEE, FLORIDA

3/6/07 01041 013-#48125
REINSTATEMENT 03-07

[Signature]

CR2E081 (1/07)

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02-000006690**

1. Corporation Name

PARTNERSHIP FOR A NEW GENERATION OF VEHICLES ORGANIZATION INC.

2. Principal Office Address - No P.O. Box #
3777 EVERSOLT STREET

3. Mailing Office Address
3777 EVERSOLT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLERMONT, FLORIDA

City & State
CLERMONT, FLORIDA

Zip
34711

Country
USA

Zip
34711

Country
USA

4. Date incorporated or Qualified To Do Business in Florida 09/02/2002

5. FEL Number FIN

20-8554711

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

CHRISTOPHER KAIZER

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

3777 EVERSOLT STREET

Suite, Apt. #, Etc.

City
CLERMONT

State
FL

Zip Code
34711

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 MARCH 3, 2007

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
P.S.T. D	CHRISTOPHER KAIZER	3777 EVERSOLT STREET	CLERMONT, FLORIDA, 34711
V.D.	Henry Grau	3777 Eversholt Street	Clermont, FL, 34711
V.D.	Daman Blythe	3777 Eversholt Street	Clermont, FL, 34711

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 contained in Chapter 119, 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]

CHRISTOPHER KAIZER

MARCH 3, 2007

342-243-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #